

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

**NORTHERN DISTRICT OF TEXAS**Case number (if known): \_\_\_\_\_ Chapter 7☐ Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name The Levenson Group, Inc.
2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) 7 5 - 1 7 6 6 7 5 3
4. Debtor's address
 

<b>Principal place of business</b>  <u>2100 Ross Avenue #500</u> Number Street  <u>Dallas TX 75201</u> City State ZIP Code  <u>Dallas</u> County	<b>Mailing address, if different from principal place of business</b>  <u>509 Katie Court</u> Number Street  P.O. Box  <u>Seagoville TX 75159</u> City State ZIP Code  <b>Location of principal assets, if different from principal place of business</b>  Number Street  City State ZIP Code
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5. Debtor's website (URL) \_\_\_\_\_
6. Type of debtor
 

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify: \_\_\_\_\_



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☒ No☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_

MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_

MM / DD / YYYY

Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?***Check all that apply:*☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** *(Check all that apply.)*☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

- 14. Estimated number of creditors**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199            | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input checked="" type="checkbox"/> 200-999 |  |  |
- 15. Estimated assets**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |
- 16. Estimated liabilities**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million             | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million           | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million          | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - ☒ I have been authorized to file this petition on behalf of the debtor.
  - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/06/2018

MM / DD / YYYY

**X /s/ Faithe Nicholson**

Signature of authorized representative of debtor

**Faithe Nicholson**

Printed name

Title Executive Vice President and CFO

**18. Signature of attorney**

**X /s/ Areya Holder Aurzada**

Signature of attorney for debtor

Date 12/06/2018

MM / DD / YYYY

**Areya Holder Aurzada**

Printed name

**Law Office of Areya Holder, P.C.**

Firm name

**901 Main Street, Suite 5320**

Number Street

**Dallas**

City

**TX**

State

**75202**

ZIP Code

**(972) 438-8800**

Contact phone

**areya@holderlawpc.com**

Email address

**24002303**

Bar number

**TX**

State

**Fill in this information to identify the case**Debtor name The Levenson Group, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest**2. Cash on hand**\$335.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>BBVA Compass Checking account</u>	<u>Checking account</u>	<u>      </u>	<u>\$579,740.03</u>
3.2. <u>BBVA Compass Checking account</u>	<u>Checking account</u>	<u>      </u>	<u>\$0.00</u>
3.3. <u>BBVA Compass Checking account (account is negative \$</u>	<u>Checking account</u>	<u>      </u>	<u>\$0.00</u>

**4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$580,075.03****Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.



Debtor **The Levenson Group, Inc.**  
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Case number (if known) \_\_\_\_\_

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

**\$0.00****24. Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

**\$0.00****34. Is the debtor a member of an agricultural cooperative?**

- ☒ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

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36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No  
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
Artwork: Jane Don "Marie Marny" \$175.00 Porto & Sherry Sandeman - G Massiot \$340.00 Bally - Villemot \$489.99			\$1,004.99
41. Office equipment, including all computer equipment and communication systems equipment and software			
Office furniture and equipment (See Attachment #1)			\$39,594.46
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			<b>\$40,599.45</b>

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			



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**48. Watercraft, trailers, motors, and related accessories** Examples: Boats  
trailers, motors, floating homes, personal watercraft, and fishing vessels**49. Aircraft and accessories****50. Other machinery, fixtures, and equipment (excluding farm  
machinery and equipment)****51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$0.00****52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

**Description and location of property**  
 Include street address or other description  
 such as Assessor Parcel Number (APN),  
 and type of property (for example,  
 acreage, factory, warehouse, apartment or  
 office building), if available.

**Nature and extent  
 of debtor's interest  
 in property**

**Net book value of  
 debtor's interest**  
 (Where available)

**Valuation method  
 used for current  
 value**

**Current value of  
 debtor's interest**

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00****57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10: Intangibles and Intellectual Property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

**General description**

**Net book value of  
 debtor's interest**  
 (Where available)

**Valuation method  
 used for current value**

**Current value of  
 debtor's interest**

**60. Patents, copyrights, trademarks, and trade secrets****61. Internet domain names and websites**

Debtor **The Levenson Group, Inc.**  
Name

Case number (if known) \_\_\_\_\_

**62. Licenses, franchises, and royalties****63. Customer lists, mailing lists, or other compilations****Customer List****\$1.00****64. Other intangibles, or intellectual property****65. Goodwill****66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$1.00****67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

- ☒ No  
☐ Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

**Current value of  
debtor's interest****71. Notes receivable**

Description (include name of obligor)

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

**73. Interests in insurance policies or annuities****74. Causes of action against third parties (whether or not a lawsuit has been filed)****75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims****76. Trusts, equitable or future interests in property****77. Other property of any kind not already listed** *Examples: Season tickets, country club membership***78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$0.00****79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

Debtor **The Levenson Group, Inc.**  
Name

Case number (if known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$580,075.03</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$25,020.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,154,477.84</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$2.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$40,599.45</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$1.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$1,800,175.32</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....	<u>\$1,800,175.32</u>	

## ATTACHMENT #1

<u>Asset #</u>	Description	\$	Q ty	Total
394C	Dell Dimension 5100 (HK24M81)	\$88.00	1	\$88.00
409C	Dell Dimension E520	\$31.00	3	\$93.00
414C	Dell PowerEdge t620	\$649.00	1	\$649.00
418C	Dell XPS 8100	\$225.00	1	\$225.00
419C	Latitude e6510	\$79.00	1	\$79.00
421C	Latitude e6510	\$79.00	1	\$79.00
422C	Latitude e6320	\$60.00	1	\$60.00
426C	Latitude e6420	\$104.99	4	\$419.96
423C	Custom Build PC	\$269.00	1	\$269.00
427C	Latitude e6320	\$60.00	1	\$60.00
428C	Two 8TB Buffalo TeraStation NAS Devices	\$365.45	2	\$730.90
429C	Five 27" iMac Computers	\$370.00	1	\$370.00
432C	Two Dell E5420 laptops	\$135.00	2	\$270.00
432C	Five Dell E6420 laptops	\$104.99	5	\$524.95
432C	16 Dell Optiplex 390 Desktops	\$69.00	16	\$1,104.00
433C	7 Dell E6420 laptops	\$104.99	7	\$734.93
441C	Dell PowerEdge T420 Server	\$989.98	1	\$989.98
437C	Dell Latitude 6430U Laptop	\$199.99	1	\$199.99
436C	MacBook Air (2012)	\$255.00	1	\$255.00
440C	Latitude E6430	\$99.99	2	\$199.98
440C	Optiplex 3010 S Desktop	\$89.99	2	\$179.98
440C	MacBook Air (mid-2013)	\$289.97	2	\$579.94
440C	iMac Core i7 (late-2012)	\$370.00	1	\$370.00
442C	Latitude E6430	\$99.99	2	\$199.98
443C	iMac Core i7 (late-2013) 24GB Ram	\$989.00	1	\$989.00
446C	MacBook Air (mid-2013)	\$147.50	1	\$147.50
453C	Dell Latitude e6440	\$85.00	2	\$170.00
454C	Dell Latitude e6440	\$85.00	1	\$85.00

## ATTACHMENT #1

455C	Dell Optiplex 9020	\$149.00	1	\$149.00
456C	Dell Latitude e6440	\$85.00	1	\$85.00
458C	MacBook Air (early-2014)	\$569.00	1	\$569.00
459C	iMac Core i7 (late-2013) 16GB Ram	\$370.00	1	\$370.00
461C	Optiplex 3020 Core i5-4570 3.2G	\$139.99	1	\$139.99
462C	Dell PowerEdge T630 Server	\$1,699.00	1	\$1,699.00
45.46 3C	Dell VLA win server (2) processors	\$598.99	1	\$598.99
464C	MacBook Pro "Core i7" 2.2 15" Mid-2015 (IG)	\$895.00	1	\$895.00
467C	Latitude E5570 Core i7-6600U Dual Core 2.6 GHz	\$449.00	3	\$1,347.00
465	Human Scale Freedom Chair	\$364.00	1	\$364.00
288F	Pedestal and glass table top			\$0.00
337F	Movie Poster Frame	\$245.00	1	\$245.00
337F	Chrome Posts and rope	\$84.99	1	\$84.99
392F	Ikea Furniture for Creative	\$316.33	15	\$4,745.00
392F	Turnkey File Cabinets	\$140.00	5	\$700.00
392F	Used Steelcase 5 drawer lateral file cabinets	\$249.00	7	\$1,743.00
411F	Ikea Furniture for Chris Kelly & Paul McEnany	\$316.33	2	\$632.67
438F	Paul McEnany Desk	\$284.59	1	\$284.59
447F	Haworth Promise workstations	\$363.64	8	\$2,909.12
448F	Glass desk for Andy's office	\$389.00	1	\$389.00
4457F	Office desks for owners	\$250.00	4	\$1,000.00
452T	Polycom Phone System	\$37.99	93	\$3,533.07
452T	Polycom Phone System	\$124.97	3	\$374.91
452T	Polycom Phone System	\$34.98	2	\$69.96
	2 Eames Style Armchairs	\$69.82	2	\$139.64
	28 Mobile File Drawer Cabinets 18"	\$50.00	28	\$1,400.00
	3 retro Mid Century Modern Side Tables	\$29.75	3	\$89.25
	1 Mid Centruy Modern Coffe Table	\$173.99	1	\$173.99

## ATTACHMENT #1

	1 Belham Living Carter Coffee Table	\$125.00	1	\$125.00
	Dining Chair Assembly - 2 chairs	\$84.57	2	\$169.14
	Belham Living Side Table	\$28.57	1	\$28.57
	6 Apontus Bar Stools	\$19.99	6	\$119.94
	3 Boraam Zebra Series Side Tables	\$149.99	3	\$449.97
	Acoustix screen divider	\$43.15	1	\$43.15
	14 Faux White Leather Desk Chairs	\$35.99	14	\$503.86
	Shelving for creative utility room	\$159.99	1	\$159.99
	Shelving for mail room	\$80.00	1	\$80.00
	4 Modern Wave Office Chairs	\$72.00	4	\$288.00
	Sacramento Sectional Sofa, James Linen Arm Chair, Mid-Century Loveseat	\$400.00	1	\$400.00
	Sacramento Sectional Sofa, James Linen Arm Chair, Mid-Century Loveseat	\$95.99	1	\$95.99
	Sacramento Sectional Sofa, James Linen Arm Chair, Mid-Century Loveseat	\$349.39	1	\$349.39
	Laptops for video conferencing system	\$245.00	2	\$490.00
	Chandelier for lobby	\$104.25	1	\$104.25
	Commercial Ice Machine	\$1,000.00	1	\$1,000.00
	Optoma TS551 Projector	\$90.00	1	\$90.00
	2 Draw File Cabinet	\$25.00	1	\$25.00
	Antique Dining Table Distressed	\$217.95	1	\$217.95

**Fill in this information to identify the case:**Debtor name The Levenson Group, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

**2.1 Creditor's name**

Describe debtor's property that is subject to a lien

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

- ☐ No  
☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:  
Check all that apply.

Do multiple creditors have an interest in the same property?

- ☐ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$0.00

**Fill in this information to identify the case:**

Debtor The Levenson Group, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim      Priority amount

**2.1 Priority creditor's name and mailing address**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( )



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div>	<b>Nonpriority creditor's name and mailing address</b> <u>21st Century Fox America, Inc.</u> <u>KTTV-TV</u> <u>16440 Collection Center Drive</u>  <u>Chicago</u> <u>IL</u> <u>60693</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$52,173.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div>	<b>Nonpriority creditor's name and mailing address</b> <u>5280 Publishing, Inc.</u> <u>1515 Wazee Street, Suite 400</u>  <u>Denver</u> <u>CO</u> <u>80202</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,100.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div>	<b>Nonpriority creditor's name and mailing address</b> <u>A&amp;G Advertising, LLC.</u> <u>P.O. Box 2533</u>  <u>Douglas</u> <u>AZ</u> <u>85608</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,100.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div>	<b>Nonpriority creditor's name and mailing address</b> <u>ABC Inc.</u> <u>WPVI-TV</u> <u>PO Box 732384 Attn: WPVI-606</u>  <u>Dallas</u> <u>TX</u> <u>75373-2384</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$38,460.80</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.5</div>	<b>Nonpriority creditor's name and mailing address</b> <b>ABM Janitorial Services - South Central</b> <b>ABM</b> <b>PO Box 419860</b>  <b>Boston</b> <b>MA</b> <b>02241-9860</b>  Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>4</u> <u>7</u> <u>8</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$606.20</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.6</div>	<b>Nonpriority creditor's name and mailing address</b> <b>AGM - Nevada LLC</b> <b>KKSS-FM</b> <b>8009 Marble Avenue NE</b>  <b>Albuquerque</b> <b>NM</b> <b>87110</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,216.25</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.7</div>	<b>Nonpriority creditor's name and mailing address</b> <b>AGM - Nevada, LLC</b> <b>KLVO-FM</b> <b>8009 Marble Avenue NE</b>  <b>Albuquerque</b> <b>NM</b> <b>87110</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,111.00</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.8</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Alabama Media Group</b> <b>2201 4th Ave</b>  <b>Birmingham</b> <b>AL</b> <b>35203</b>  Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>3</u> <u>7</u> <u>7</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,040.10</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.9</div>	<b>Nonpriority creditor's name and mailing address</b>  Alabama Telecaster Inc. WAKA-TV 100 Interstate Park Drive, Ste 120  Montgomery AL 36109  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,065.55</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.10</div>	<b>Nonpriority creditor's name and mailing address</b>  Alpha Media LLC KBTE-FM #33 Briercroft Office Park  Lubbock TX 79412-3020  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,821.55</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.11</div>	<b>Nonpriority creditor's name and mailing address</b>  Alpha Media LLC KSAH-FM 4050 Eisenhower Rd  San Antonio TX 78218  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,426.00</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.12</div>	<b>Nonpriority creditor's name and mailing address</b>  Alpha Media LLC WIIL-FM 8500 Green Bay Road  Pleasant Praire WI 53158  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,645.25</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.13** Nonpriority creditor's name and mailing address**Alpha Media, LLC****KLLL-FM****#33 Briercroft Office Park****Lubbock TX 79412-3020**

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$1,300.50****3.14** Nonpriority creditor's name and mailing address**American Spirit Media LLC****WDBD-TV****715 South Jefferson Street****Jackson MS 39201**

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$2,992.85****3.15** Nonpriority creditor's name and mailing address**Apple Valley Broadcasting****KAPP-TV****PO Box 749907****Los Angeles CA 90074-9907**

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$3,282.70****3.16** Nonpriority creditor's name and mailing address**Arkansas Hearst Television Inc****KHBS-TV****2809 Ajax Ave, Suite 200****Rogers AR 72758**

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$5,087.25**

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.17** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$3,085.50Arkansas Television Company

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KTHV-TVDep P.O. Box 637386

Basis for the claim:

Cincinnati OH 45263-7386

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.18** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$20,991.60Beasley FM Acquisition

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Beasley FM Acquisition9721 Executive Center Drive #200

Basis for the claim:

St. Petersburg FL 33702

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.19** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$2,874.70Belo TV Inc.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

WUPL-TV Dept 730041P.O. Box 660919

Basis for the claim:

Dallas TX 75266-0919

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.20** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$31,347.15Big Ten Network, LLC

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

BTN14743 Collection Center Dr

Basis for the claim:

Chicago IL 60693

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.21** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$11,303.30Bonneville International Corporation

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KSL-TVPO Box 26245

Basis for the claim:

Salt Lake City UT 84126-0245

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.22** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$867.00Brazos Valley Communications Ltd

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KBXT-FMP.O. Box 3069

Basis for the claim:

Bryan TX 77805

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.23** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$510.00Brazos Valley Communications Ltd

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KORA-FMP O Box 3069

Basis for the claim:

Bryan TX 77805

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.24** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$2,585.70Bryan Broadcasting Corporation

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KNDE-FMP.O. Box 3248

Basis for the claim:

Bryan TX 77805

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.25** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$928.62Cable One Inc

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Greenwood MS1635 Popps Ferry Rd

Basis for the claim:

Biloxi MS 39532

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.26** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$12,384.25Cable One-Biloxi MS

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

1635 Popps Ferry Rd

Basis for the claim:

Biloxi MS 39532

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.27** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$28,262.50Cablemas Telecomunicaciones, S.A. De C.V

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

511 E. San Ysidro Blvd #1732

Basis for the claim:

San Ysidro CA 92173

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.28** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*UnknownCajun Operating Company dba

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Church's Chickenc/o Caiola & Rose, LLC

Basis for the claim:

150 E. Ponce de Leon Ave., Suite 410Decatur GA 30030Non-Purchase Money

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.29** Nonpriority creditor's name and mailing addressCALA BroadcastWNBD-TV837 Washington AvenueGreenville MS 38701

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$3,180.70**3.30** Nonpriority creditor's name and mailing addressCapstar Operating CompanyWHLH-FMP.O. Box 847572Dallas TX 75284-7572

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$3,267.40**3.31** Nonpriority creditor's name and mailing addressCapstar Radio Operating CoKTEX-FMP.O. Box 847572Dallas TX 75284-7572

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$3,170.50**3.32** Nonpriority creditor's name and mailing addressCapstar Radio Operating Co.KKMY-FMPO Box 847489Dallas TX 75284-7489

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$1,195.10



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.33** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$2,244.00Capstar Radio Operating Co.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

WCJM-FMPO Box 406372

Basis for the claim:

Atlanta GA 30384-6372

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.34** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$8,712.50Capstar Radio Operating Company

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KBFM-FMP.O. Box 847572

Basis for the claim:

Dallas TX 75284-7572

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.35** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$8,712.50Capstar Radio Operating Company

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KQBT-FMPO Box 847572

Basis for the claim:

Dallas TX 75284-7572

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.36** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$8,840.00Caribbean Media Group, Inc.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

WVIP-FM1 Cross Island Plaza, Ste 224

Basis for the claim:

Rosedale NY 11422

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.37** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$19,273.75Carter Broadcast Group Inc

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KPRS-FM11131 Colorado Ave

Basis for the claim: \_\_\_\_\_

Kansas City MO 64137

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.38** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$22,950.00CBS Broadcasting Inc.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KCBS-TVPO Box 100729

Basis for the claim: \_\_\_\_\_

Pasadena CA 91189-0729

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.39** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$5,142.50CBS Broadcasting, Inc.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KPIX-TVPO Box 33091

Basis for the claim: \_\_\_\_\_

Newark NJ 07188-0091

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.40** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$7,678.05CBS Corporation

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

WJZ-TVPO Box 33091

Basis for the claim: \_\_\_\_\_

Newark NJ 07188-0091

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div> Nonpriority creditor's name and mailing address  CBS Inc KCNC-TV 21249 Network Place  Chicago IL 60673-1249  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,779.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div> Nonpriority creditor's name and mailing address  CBS Inc KTVT-TV P.O. Box 730457  Dallas TX 75373-0457  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93,225.03</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div> Nonpriority creditor's name and mailing address  CBS Inc KTXA-TV P.O. Box 730206  Dallas TX 75373-0206  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,627.43</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div> Nonpriority creditor's name and mailing address  CBS Radio Media Corp WCCO-AM 625 Second Avenue South, Suite 200  Minneapolis MN 55402  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,400.90</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

**3.45** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$22,865.85CBS Radio Stations Inc.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KLOL-FMP.O. Box 730844

Basis for the claim:

Dallas TX 75373-0844

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.46** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$25,364.85CBS Radio Texas Inc

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KMVK-FMP.O. Box 730224

Basis for the claim:

Dallas TX 75373-0224

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.47** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$11,662.00CBS Television Stations Group

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

WCCO-TV21253 Network Place

Basis for the claim:

Chicago IL 60673-1253

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.48** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$4,346.11Cebridge Acquisition LP

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Suddenlink MediaP.O. Box 951391

Basis for the claim:

Dallas TX 75395

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number 3 7 7 7

- ☒ No  
☐ Yes

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

**3.49** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$7,683.58Centex Television Ltd Partnership

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

KXXV-TVDept# 2664P.O. Box 11407

Basis for the claim:

Birmingham AL 35246-2664

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.50** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$4,241.37Charter Communications Holdings, LLC

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Spectrum Reach-BuffaloPO Box 27908

Basis for the claim:

New York NY 10087

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number 0 9 5 6

- ☒ No  
☐ Yes

**3.51** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$2,274.60Charter Communications Holdings, LLC

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Spectrum Reach - St LouisPO Box 957926

Basis for the claim:

St. Louis MO 63195-7926

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

**3.52** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:  
*Check all that apply.*\$69,088.28Charter Communications Holdings, LLC

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Spectrum ReachPO Box 101366

Basis for the claim:

Pasadena CA 91189-0005

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number 0 5 5 2

- ☒ No  
☐ Yes

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Charter Communications-St. Louis</u> <u>P.O. Box 957926</u>  <u>St. Louis</u> <u>MO</u> <u>63195</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>5</u> <u>5</u> <u>1</u> <u>8</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,877.70</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Chesapeake Media I, LLC</u> <u>WPBN-TV</u> <u>10706 Beaver Dam Rd</u>  <u>Cockeysville</u> <u>MD</u> <u>21030</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,927.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.55</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Circle Graphics Inc</u> <u>P.O. Box 561047</u>  <u>Denver</u> <u>CO</u> <u>80256-1047</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>2</u> <u>6</u> <u>3</u> <u>4</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,037.78</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.56</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Citadel Broadcasting Co</u> <u>KQXL-FM</u> <u>631 Main Street</u>  <u>Baton Rouge</u> <u>LA</u> <u>70801</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,768.25</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div> Nonpriority creditor's name and mailing address <u>Citadel Broadcasting Co</u> <u>WEMX-FM</u> <u>631 Main Street</u>  <u>Baton Rouge</u> <u>LA</u> <u>70801</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,623.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.58</div> Nonpriority creditor's name and mailing address <u>Citadel Broadcasting Company</u> <u>KIPR-FM</u> <u>3643 Momentum Place</u>  <u>Chicago</u> <u>IL</u> <u>60689-5336</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,072.70</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.59</div> Nonpriority creditor's name and mailing address <u>Citadel Broadcasting Company</u> <u>KKND-FM</u> <u>3648 Momentum Place</u>  <u>Chicago</u> <u>IL</u> <u>60689-5336</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,201.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> Nonpriority creditor's name and mailing address <u>Citadel Broadcasting Company</u> <u>KLAL-FM</u> <u>P.O. Box 645133</u>  <u>Cincinnati</u> <u>OH</u> <u>45264-5133</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$795.60</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.61</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Citadel Broadcasting Company</u> <u>KMEZ-FM</u> <u>3648 Momentum Place</u>  <u>Chicago</u> <u>IL</u> <u>60689-5336</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,439.90</u>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.62</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Citadel Communications LLC</u> <u>KLKN-TV</u> <u>3240 South 10th Street</u>  <u>Lincoln</u> <u>NE</u> <u>68502</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,052.35</u>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.63</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Citicasters Co</u> <u>WBZY-FM</u> <u>20880 Stone Oak Parkway</u>  <u>San Antonio</u> <u>TX</u> <u>78258</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$48,651.25</u>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.64</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Citicasters Co.</u> <u>KATZ-FM</u> <u>3964 Collection Center Dr.</u>  <u>Chicago</u> <u>IL</u> <u>60693-0039</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,303.50</u>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.65</div> Nonpriority creditor's name and mailing address <b>Citicasters Co.</b> <b>KTBZ-FM</b> <b>P. O. Box 847572</b>  <b>Dallas TX 75284-7572</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,611.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.66</div> Nonpriority creditor's name and mailing address <b>Citicasters Co.</b> <b>WRUB-FM</b> <b>PO Box 406372</b> <b>Atlanta, GA 3384-6372</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,505.05</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.67</div> Nonpriority creditor's name and mailing address <b>Clear Channel</b> <b>Seattle</b> <b>P.O. Box 742025</b>  <b>Los Angeles CA 90074-2025</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,200.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.68</div> Nonpriority creditor's name and mailing address <b>Clear Channel Broadcasting</b> <b>KPEZ-FM</b> <b>P.O. Box 847117</b>  <b>Dallas TX 75284</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,162.50</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.69</div> Nonpriority creditor's name and mailing address <u>Clear Channel Broadcasting Inc</u> <u>KJMS-FM</u> <u>P.O. Box 406372</u>  <u>Atlanta</u> <u>GA</u> <u>30384-6372</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,703.40</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.70</div> Nonpriority creditor's name and mailing address <u>Clear Channel Broadcasting Inc</u> <u>WHRK-FM</u> <u>P.O. Box 406372</u>  <u>Atlanta</u> <u>GA</u> <u>30384-6372</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,430.75</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.71</div> Nonpriority creditor's name and mailing address <u>Clear Channel Broadcasting Inc</u> <u>WOWI-FM</u> <u>P.O. Box 402650</u>  <u>Atlanta</u> <u>GA</u> <u>30384-2650</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,264.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.72</div> Nonpriority creditor's name and mailing address <u>Clear Channel Outdoor</u> <u>3700 E Randoll Mill Road</u>  <u>Arlington</u> <u>TX</u> <u>76011</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>4</u> <u>3</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.73</div> Nonpriority creditor's name and mailing address <b>Clear Channel Outdoor</b> <b>P.O. Box 402379</b>  <b>Atlanta</b> <b>GA</b> <b>30384-2379</b> Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>4</u> <u>3</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$71,550.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.74</div> Nonpriority creditor's name and mailing address <b>Clear Channel Outdoor</b> <b>P.O. Box 847247</b>  <b>Dallas</b> <b>TX</b> <b>75284-7247</b> Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>4</u> <u>3</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,700.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.75</div> Nonpriority creditor's name and mailing address <b>Clear Channel Outdoor Inc</b> <b>P.O. Box 847247</b>  <b>Dallas</b> <b>TX</b> <b>75284-7247</b> Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>4</u> <u>3</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$382,601.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.76</div> Nonpriority creditor's name and mailing address <b>CMP KC Corp</b> <b>KMJ-KF</b> <b>3671 Momentum Place</b>  <b>Chicago</b> <b>IL</b> <b>60689-5336</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,898.00</b>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.77</div> Nonpriority creditor's name and mailing address <u>Comcast Holdings Corporation</u> <u>Comcast Spotlight-Baltimore</u> <u>P.O. Box 415949</u>  <u>Boston</u> <u>MA</u> <u>02241-5949</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,478.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.78</div> Nonpriority creditor's name and mailing address <u>Comcast Holdings Corporation</u> <u>Comcast Spotlight-San Francisco</u> <u>P.O. Box 742637</u>  <u>Los Angeles</u> <u>CA</u> <u>90074</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,204.91</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.79</div> Nonpriority creditor's name and mailing address <u>Comcast Spotlight</u> <u>Colorado</u> <u>P.O. Box 742637</u>  <u>Los Angeles</u> <u>CA</u> <u>90074-2637</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$87,383.36</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.80</div> Nonpriority creditor's name and mailing address <u>Comcast Spotlight</u> <u>P.O. Box 100447</u> <u>Laurel/Hattiesburg</u>  <u>Atlanta</u> <u>GA</u> <u>30384-0447</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,718.85</u>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

**3.81** Nonpriority creditor's name and mailing addressComcast SpotlightPanama City1720 Windward Concourse Suite 400Alpharetta GA 30005

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

\$2,524.50

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.82** Nonpriority creditor's name and mailing addressComcast SpotlightWashingtonP.O. Box 415949Boston MA 02241-5949

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

\$24,990.00

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.83** Nonpriority creditor's name and mailing addressComcast Spotlight-Indianapolis12964 Collection Center DrChicago IL 60693

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number 9 9 8 7

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

\$8,207.87

Is the claim subject to offset?

- ☒ No  
☐ Yes

**3.84** Nonpriority creditor's name and mailing addressComcorp of Louisiana IncKADN-TV1500 Eraste Landry RdLafayette LA 70506

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

\$1,326.00

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.85</div> Nonpriority creditor's name and mailing address <u>Comcorp of Louisiana, Inc.</u> <u>KLAF-TV</u> <u>PO Box 60205</u>  <u>Lafayette</u> <u>LA</u> <u>70596-0205</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$255.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.86</div> Nonpriority creditor's name and mailing address <u>Commonwealth Broadcasting Group Inc.</u> <u>EABG-TV</u> <u>P.O. Box 1243</u>  <u>Greenville</u> <u>MS</u> <u>38702</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,552.65</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.87</div> Nonpriority creditor's name and mailing address <u>Commonwealth Broadcasting Group Inc.</u> <u>WABG-TV</u> <u>P.O. Box 1243</u>  <u>Greenville</u> <u>MS</u> <u>38702</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,662.99</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.88</div> Nonpriority creditor's name and mailing address <u>Community Television of Colorado LLC</u> <u>KDVR-TV</u> <u>PO Box 59743</u>  <u>Los Angeles</u> <u>CA</u> <u>90074</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,573.75</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.89</div> Nonpriority creditor's name and mailing address <b>Competitive Media Report</b> <b>Kantar Media Intelligence</b> <b>P.O. Box 7247-9301</b>  <b>Philadelphia</b> <b>PA</b> <b>19170-9301</b>  Date or dates debt was incurred _____ Last 4 digits of account number <u>8</u> <u>7</u> <u>0</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,427.51</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.90</div> Nonpriority creditor's name and mailing address <b>Corridor Television LLP</b> <b>KCWX-TV</b> <b>4414 Centerview Dr #264</b>  <b>San Antonio</b> <b>TX</b> <b>78228</b>  Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,683.52</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.91</div> Nonpriority creditor's name and mailing address <b>Cowles Montana Media Company</b> <b>KTMF-TV</b> <b>PO Box 600</b>  <b>Spokane</b> <b>WA</b> <b>99210</b>  Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$306.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.92</div> Nonpriority creditor's name and mailing address <b>Cowles Montana Media Company</b> <b>KULR-TV</b> <b>PO Box 600</b>  <b>Spokane</b> <b>WA</b> <b>99210</b>  Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,273.75</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

**3.93** Nonpriority creditor's name and mailing address**Cox Media Group Northeast, LLC****WHBQ-TV****PO Box 83293****Chicago IL 60691-0293**

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:  
*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$7,254.75****3.94** Nonpriority creditor's name and mailing address**Cox Radio, Inc.****WCFB-FM****PO Box 83197****Chicago IL 60691-0197**

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:  
*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$7,298.10****3.95** Nonpriority creditor's name and mailing address**Cox Radio, Inc.****WEDR-FM****PO Box 83196****Chicago IL 60691-0196**

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:  
*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$13,778.50****3.96** Nonpriority creditor's name and mailing address**Cox Radio, Inc.****WHQT-FM****PO Box 83196****Chicago IL 60691-0196**

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:  
*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$7,497.00**



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.97</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Cox Radio, Inc.</b> <b>WPUP-FM</b> <b>PO Box 83190</b>  <b>Chicago</b> <b>IL</b> <b>60691-0190</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,621.80</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.98</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Cumulus Broadcasting</b> <b>WMXU-FM</b> <b>Cumulus Columbus-Starkville</b> <b>3596 Momentum Place</b>  <b>Chicago</b> <b>IL</b> <b>60689-5336</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,519.80</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.99</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Cumulus Broadcasting LLC</b> <b>WNBM-FM</b> <b>2 Pennsylvania Plaza - 17th Floor</b>  <b>New York</b> <b>NY</b> <b>10121</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.100</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Cumulus Media Inc.</b> <b>KQXY-FM</b> <b>3591 Momentum Place</b>  <b>Chicago</b> <b>IL</b> <b>60689-5335</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,134.75</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.101</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Cumulus Media Inc. &amp; Subsidiaries</b> <b>KTCX-FM</b> <b>3591 Momentum Place</b>  <b>Chicago</b> <b>IL</b> <b>60689-5335</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,584.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.102</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Cumulus Radio Corp</b> <b>KYKZ-FM</b> <b>3609 Momentum Place</b>  <b>Chicago</b> <b>IL</b> <b>60689-5336</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,727.30</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.103</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Cumulus Radio Corp</b> <b>WCTO-FM</b> <b>3630 Momentum Place</b>  <b>Chicago</b> <b>IL</b> <b>60689-5336</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,271.45</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.104</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Cumulus Radio Corporation</b> <b>KDRF-FM</b> <b>3629 Momentum Place</b>  <b>Chicago</b> <b>IL</b> <b>60689-5336</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,839.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.105</b> Nonpriority creditor's name and mailing address <b>Cumulus Radio Corporation</b> <b>KKOB-FM</b> <b>3629 Momentum Place</b>  <b>Chicago</b> <b>IL</b> <b>60689-5336</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,048.20</b>
<b>3.106</b> Nonpriority creditor's name and mailing address <b>Cumulus Radio Corporation</b> <b>KRST-FM</b> <b>3629 Momentum Place</b>  <b>Chicago</b> <b>IL</b> <b>60689-5336</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,031.50</b>
<b>3.107</b> Nonpriority creditor's name and mailing address <b>D&amp;B Signs LLC</b> <b>P.O. BOX 909</b> <b>Tri State Outdoor Adv.</b>  <b>Dewey</b> <b>AZ</b> <b>86327</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,219.00</b>
<b>3.108</b> Nonpriority creditor's name and mailing address <b>Davis &amp; Gilbert Inc*</b> <b>1740 Broadway</b> <b>3rd Fl.</b>  <b>New York</b> <b>NY</b> <b>10019</b>  Date or dates debt was incurred _____ Last 4 digits of account number <b>1 6 0 6</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,140.77</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.109</b></div> Nonpriority creditor's name and mailing address <b>Davis Broadcasting Inc.</b> <b>WFXX-FM</b> <b>P.O. Box 1998</b>  <b>Columbus</b> <b>GA</b> <b>31902</b>  Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,706.95</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.110</b></div> Nonpriority creditor's name and mailing address <b>Delta Democrat Times</b> <b>P.O. Box 1618</b>  <b>Greenville</b> <b>MS</b> <b>38701</b>  Date or dates debt was incurred _____ Last 4 digits of account number <b>0</b> <b>5</b> <b>5</b> <b>1</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,872.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.111</b></div> Nonpriority creditor's name and mailing address <b>Denver Hotel Magazine LLC</b> <b>104 Broadway, Ste 200</b>  <b>Denver</b> <b>CO</b> <b>80203</b>  Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,385.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.112</b></div> Nonpriority creditor's name and mailing address <b>Denver Metro Convention &amp;Visitors Bureau</b> <b>Visit Denver</b> <b>1555 California Street, Suite 300</b>  <b>Denver</b> <b>CO</b> <b>80202</b>  Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,459.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.113</div> Nonpriority creditor's name and mailing address <b>Dowdy &amp; Dowdy Partnership</b> <b>WZKX-FM</b> <b>PO Box 2639</b>  <b>Gulfport</b> <b>MS</b> <b>39505</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,445.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114</div> Nonpriority creditor's name and mailing address <b>Durden Outdoor Displays, Inc.</b> <b>Dept #5245 PO Box 2153</b>  <b>Birmingham</b> <b>AL</b> <b>35287-5245</b>  Date or dates debt was incurred _____ Last 4 digits of account number <b>V E N S</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,975.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115</div> Nonpriority creditor's name and mailing address <b>El Rey Publishing</b> <b>Zavala County Sentinel</b> <b>202E Nueces St.</b>  <b>Crystal City</b> <b>TX</b> <b>78839</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$525.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.116</div> Nonpriority creditor's name and mailing address <b>Elite Media Group LLC</b> <b>Lindmark Outdoor Media</b> <b>2700 Technology Place</b>  <b>Norman</b> <b>OK</b> <b>73071</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$481.99</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.117</div> Nonpriority creditor's name and mailing address <u>Elite Media Group LLC</u> <u>Lindmark Outdoor Media</u> <u>2700 Technology Place</u>  <u>Norman</u> <u>OK</u> <u>73071</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$541.56</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118</div> Nonpriority creditor's name and mailing address <u>Emmis Austin Radio</u> <u>KBPA-FM</u> <u>P.O. Box 731488</u>  <u>Dallas</u> <u>TX</u> <u>75373-1488</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,936.75</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.119</div> Nonpriority creditor's name and mailing address <u>Emmis Austin Radio</u> <u>KLBJ-FM</u> <u>P.O. Box 731488</u>  <u>Dallas</u> <u>TX</u> <u>75373-1488</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,397.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.120</div> Nonpriority creditor's name and mailing address <u>Emmis Austin Radio Broadcasting</u> <u>KGSR-FM</u> <u>P.O. Box 731488</u>  <u>Dallas</u> <u>TX</u> <u>75373-1488</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,741.25</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.121</div> Nonpriority creditor's name and mailing address <b>Emmis Austin Radio Broadcasting Co, LP</b> <b>KLZT-FM</b> <b>P.O. Box 731488</b>  <b>Dallas TX 75373-1488</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,760.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.122</div> Nonpriority creditor's name and mailing address <b>Emmis Austin Radio Broadcasting Co, LP</b> <b>KROX-FM</b> <b>8309 North IH 35</b>  <b>Austin TX 78753</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,669.45</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.123</div> Nonpriority creditor's name and mailing address <b>EMX Digital, LLC</b> <b>229 W 43rd St.</b>  <b>New York NY 10036</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$147,707.32</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.124</div> Nonpriority creditor's name and mailing address <b>Entercom Communications Corp</b> <b>KAMX-FM</b> <b>4301 Westbank Dr B-300</b>  <b>Austin TX 78746</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,434.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.125</div> Nonpriority creditor's name and mailing address <u>Entercom Communications Corp</u> <u>KKMJ-FM</u> <u>4301 Westbank Dr B-300</u>  <u>Austin TX 78746</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,004.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.126</div> Nonpriority creditor's name and mailing address <u>Entercom Communications Corp</u> <u>WQMG-FM</u> <u>7819 National Service Road Suite 401</u>  <u>Greensboro NC 27409</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,626.30</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.127</div> Nonpriority creditor's name and mailing address <u>Entercom Norfolk LLC</u> <u>WVKL-FM</u> <u>236 Clearfield Ave. Ste. 206</u>  <u>Virginia Beach VA 23462</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,028.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.128</div> Nonpriority creditor's name and mailing address <u>Entravision Communications Corp</u> <u>KBNT-TV</u> <u>P.O. Box 51868</u>  <u>Los Angeles CA 90051-6168</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,990.00</u>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.129</b></div> Nonpriority creditor's name and mailing address <b>Entravision Communications Corp Texas LP</b> <b>KORO-TV</b> <b>P.O. Box 2667</b>  <b>Corpus Christi TX 78403</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,517.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.130</b></div> Nonpriority creditor's name and mailing address <b>Entravision Communications Corporation</b> <b>DBA / Entravision Solutions</b> <b>5700 Wilshire Blvd., Ste 250</b>  <b>Los Angeles CA 90036</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$164,074.85</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.131</b></div> Nonpriority creditor's name and mailing address <b>Entravision Communications Corporation</b> <b>KCBA-TV</b> <b>PO Box 39000 - Dept 34872</b>  <b>San Francisco CA 94139</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$972.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.132</b></div> Nonpriority creditor's name and mailing address <b>Entravision Communications Corporation</b> <b>KDTF-TV</b> <b>5770 Ruffin Road</b>  <b>San Diego CA 92123</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,409.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133</div> Nonpriority creditor's name and mailing address <b>Entravision Communications Corporation</b> <b>KJMN-FM</b> <b>PO Box 911919</b> <b>Denver, CO 95-4783236</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,077.75</b>
Date or dates debt was incurred _____ Last 4 digits of account number _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.134</div> Nonpriority creditor's name and mailing address <b>Entravision Communications Corporation</b> <b>KMIR-TV</b> <b>PO Box 843564</b>  <b>Los Angeles CA 90084-3564</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,733.25</b>
Date or dates debt was incurred _____ Last 4 digits of account number _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.135</div> Nonpriority creditor's name and mailing address <b>Entravision Communications Corporation</b> <b>KXPK-FM</b> <b>PO Box 911919</b>  <b>Denver CO 80291-1919</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,823.75</b>
Date or dates debt was incurred _____ Last 4 digits of account number _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.136</div> Nonpriority creditor's name and mailing address <b>Entravision Communications Corporation</b> <b>WNUE-FM</b> <b>PO Box 864765</b>  <b>Orlando FL 32886</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,656.55</b>
Date or dates debt was incurred _____ Last 4 digits of account number _____		

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.137</div> Nonpriority creditor's name and mailing address <b>Entravision Communications Corporation</b> <b>XHAS-TV</b> <b>5770 Ruffin Road</b>  <b>San Diego</b> <b>CA</b> <b>92123</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,297.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.138</div> Nonpriority creditor's name and mailing address <b>Entravision Communications Inc</b> <b>KLUZ-TV</b> <b>P.O. Box 53058</b>  <b>Phoenix</b> <b>AZ</b> <b>85072-3058</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,764.65</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.139</div> Nonpriority creditor's name and mailing address <b>Entravision Communications Inc.</b> <b>KTFQ-TV</b> <b>P.O. Box 53058</b>  <b>Phoenix</b> <b>AZ</b> <b>85072-3058</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,760.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.140</div> Nonpriority creditor's name and mailing address <b>Entravision Texas</b> <b>KINT-FM</b> <b>P.O. Box 201976</b>  <b>Dallas</b> <b>TX</b> <b>75320-1976</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,230.25</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.141</div> Nonpriority creditor's name and mailing address <b>Entravision Texas</b> <b>KYSE-FM</b> <b>El Paso</b> <b>P.O. Box 201976</b> <b>Dallas TX 75320-1976</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,356.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.142</div> Nonpriority creditor's name and mailing address <b>Entravision Texas Limited Partnership</b> <b>KLDO-TV</b> <b>P.O. Box 203535</b> <b>Dallas TX 75320-3535</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,895.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.143</div> Nonpriority creditor's name and mailing address <b>Entravision Texas Ltd</b> <b>KFRQ-FM</b> <b>P.O. Box 203541</b> <b>Dallas TX 75320</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,135.65</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.144</div> Nonpriority creditor's name and mailing address <b>Entravision Texas Ltd</b> <b>KFXV-TV</b> <b>P.O. Box 203541</b> <b>Dallas TX 75320</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,639.70</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.145</div> Nonpriority creditor's name and mailing address <b>Entravision Texas Ltd</b> <b>KKPS-FM</b> <b>P.O. Box 203541</b>  <b>Dallas TX 75320</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$863.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.146</div> Nonpriority creditor's name and mailing address <b>Entravision Texas Ltd</b> <b>KNVO-TV</b> <b>P.O. Box 203541</b>  <b>Dallas TX 75320</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,474.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.147</div> Nonpriority creditor's name and mailing address <b>Entravision Texas Ltd</b> <b>KVLY-FM</b> <b>P.O. Box 203541</b>  <b>Dallas TX 75320</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,193.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.148</div> Nonpriority creditor's name and mailing address <b>Entravision Texas</b> <b>KINT-TV</b> <b>P.O. Box 201976</b>  <b>Dallas TX 75320-1976</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,668.70</b>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149</div> Nonpriority creditor's name and mailing address <u>Entravision Texas Limited Partnership</u> <u>KXOF-TV</u> <u>P.O. Box 203535</u>  <u>Dallas TX 75320-3535</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,031.12</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.150</div> Nonpriority creditor's name and mailing address <u>Environics Analytics Inc.</u> <u>Dept 3761</u> <u>PO Box 123761</u>  <u>Dallas TX 75312-3761</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,306.64</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.151</div> Nonpriority creditor's name and mailing address <u>eTargetMedia.com, LLC</u> <u>6810 Lyons Technology Circle</u> <u>Ste 160</u>  <u>Coconut Creek FL 33073</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,960.82</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.152</div> Nonpriority creditor's name and mailing address <u>Extreme Reach, Inc.</u> <u>28540 Network Place</u>  <u>Chicago IL 60673-1285</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>0 2 1 5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$152.60</u>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.153</div> Nonpriority creditor's name and mailing address <u>Facebook Inc.</u> <u>15161 Collection Center Dr</u> <u>ATTN: Accounts Receivable</u>  <u>Chicago</u> <u>IL</u> <u>60693</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>1</u> <u>9</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$493,814.32</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.154</div> Nonpriority creditor's name and mailing address <u>Fairway Outdoor Funding LLC</u> <u>Fairway Outdoor Funding</u> <u>P.O. Box 60125</u>  <u>Charlotte</u> <u>NC</u> <u>28260</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>4</u> <u>9</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,907.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.155</div> Nonpriority creditor's name and mailing address <u>Federal Express Corporation</u> <u>P.O. Box 660481</u>  <u>Dallas</u> <u>TX</u> <u>75266-0481</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>9</u> <u>2</u> <u>6</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,545.58</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156</div> Nonpriority creditor's name and mailing address <u>Fox Television Stations Inc</u> <u>KRIV-TV</u> <u>3733 Collection Center Dr</u>  <u>Chicago</u> <u>IL</u> <u>60693</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,869.50</u>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.157</div> Nonpriority creditor's name and mailing address <u>Fredricksburg Publishing Co Inc</u> <u>Fredricksburg Standard</u> <u>P.O. Box 1639</u>  <u>Fredricksburg TX 78624</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>6</u> <u>1</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16.93</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.158</div> Nonpriority creditor's name and mailing address <u>Freedom Newspapers Southwestern AZ Inc</u> <u>Yuma Shopper (Freedom)</u> <u>P.O. Box 271</u>  <u>Yuma AZ 85366-0271</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>8</u> <u>2</u> <u>9</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,140.24</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159</div> Nonpriority creditor's name and mailing address <u>Gallup Independent</u> <u>P.O. Box 1210</u> <u>Acct #248 Churchs</u>  <u>Gallup NM 87305</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>7</u> <u>2</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,635.64</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.160</div> Nonpriority creditor's name and mailing address <u>Gannett Company, Inc</u> <u>KCEN-TV</u> <u>P.O. Box 660919</u> <u>Dept 730056</u> <u>Dallas TX 75266-0919</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,071.40</u>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.161</div> Nonpriority creditor's name and mailing address  <b>Gannett MHC Media, Inc.</b> <b>Pensacola News Journal</b> <b>P.O.Box 677590</b>  <b>Dallas TX 75267-7590</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$148.44</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.162</div> Nonpriority creditor's name and mailing address  <b>Gannett Pacific LLC</b> <b>WBIR-TV</b> <b>PO BOX 637386</b>  <b>Cincinnati OH 45263-7386</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,451.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.163</div> Nonpriority creditor's name and mailing address  <b>Gas Buddy</b> <b>77 N Washington Street</b> <b>4th Floor</b> <b>Boston, MA 2114</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,000.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.164</div> Nonpriority creditor's name and mailing address  <b>Georgia Television Inc</b> <b>WSB-TV</b> <b>P O Box 809036</b>  <b>Chicago IL 60680-9036</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,622.50</b>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.165</div> Nonpriority creditor's name and mailing address <u>Google Inc.</u> <u>Dept. 33654</u> <u>PO Box 39000</u>  <u>San Francisco</u> <u>CA</u> <u>94139</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>1</u> <u>2</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$39,121.13</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.166</div> Nonpriority creditor's name and mailing address <u>Graham Media Group Michigan, Inc.</u> <u>WDIV-TV</u> <u>PO Box 788355</u>  <u>Philadelphia</u> <u>PA</u> <u>19178-8355</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$36,656.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.167</div> Nonpriority creditor's name and mailing address <u>Graham Media Group, Orlando, Inc.</u> <u>WKMG-TV</u> <u>PO Box 864255</u>  <u>Orlando</u> <u>FL</u> <u>32886-4255</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$935.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.168</div> Nonpriority creditor's name and mailing address <u>Grandesign Advertising Firm, Inc.</u> <u>Grandesign Media Servies</u> <u>PO Box 840331</u>  <u>Dallas</u> <u>TX</u> <u>75284-0331</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.00</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.169</div> Nonpriority creditor's name and mailing address <u>Gray Television Group Inc</u> <u>KKTV-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,739.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.170</div> Nonpriority creditor's name and mailing address <u>Gray Television Group Inc</u> <u>KOLN-TV</u> <u>4370 Peachtree Rd., NE, Ste. 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,954.20</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.171</div> Nonpriority creditor's name and mailing address <u>Gray Television Group Inc</u> <u>KSPR-TV</u> <u>4370 Peachtree Rd., NE, Ste 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,643.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.172</div> Nonpriority creditor's name and mailing address <u>Gray Television Group Inc</u> <u>KWTX-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,800.10</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.173</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>KEVN-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$187.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.174</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>KFYR-TV</u> <u>4370 Peachtree Rd. NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,967.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.175</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>KGNS-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,308.03</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.176</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>KGWN-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,699.25</u>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.177</div> Nonpriority creditor's name and mailing address <b>Gray Television Group, Inc.</b> <b>KOLO-TV</b> <b>4370 Peachtree Rd, NE, Suite 400</b>  <b>Atlanta</b> <b>GA</b> <b>30319</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,721.70</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.178</div> Nonpriority creditor's name and mailing address <b>Gray Television Group, Inc.</b> <b>KOSA-TV</b> <b>4370 Peachtree Rd, NE, Ste. 400</b>  <b>Atlanta</b> <b>GA</b> <b>30319</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,431.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.179</div> Nonpriority creditor's name and mailing address <b>Gray Television Group, Inc.</b> <b>KOTA-TV</b> <b>4370 Peachtree Rd, NE, Suite 400</b>  <b>Atlanta</b> <b>GA</b> <b>30319</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,014.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.180</div> Nonpriority creditor's name and mailing address <b>Gray Television Group, Inc.</b> <b>KSCW-TV</b> <b>P.O. Box 14200</b>  <b>Tallahassee</b> <b>FL</b> <b>32317-4200</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$416.50</b>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.181</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>KWCH-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,900.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.182</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>KYLX-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,062.31</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.183</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>KYTV-TV</u> <u>4370 Peachtree Rd., NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,400.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.184</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>NGNS-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,924.89</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>OGNS-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,487.20</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.186</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>WCAX-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,036.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>WDTV-TV</u> <u>4370 Peachtree Rd., NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,506.20</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.188</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>WECP-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$238.00</u>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.189</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>WIFR-TV</u> <u>PO Box 14200</u>  <u>Tallahassee</u> <u>FL</u> <u>32317-4200</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$408.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.190</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>WJHG-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,711.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.191</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>WKYT-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,217.30</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.192</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>WMTV-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,835.75</u>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.193</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>WTOK-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,432.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.194</div> Nonpriority creditor's name and mailing address <u>Gray Television Group, Inc.</u> <u>WVLT-TV</u> <u>4370 Peachtree Rd, NE, Suite 400</u>  <u>Atlanta</u> <u>GA</u> <u>30319</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,530.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.195</div> Nonpriority creditor's name and mailing address <u>Griffin Television OKC LLC</u> <u>KWTV-TV</u> <u>P.O. Box 960042</u>  <u>Oklahoma City</u> <u>OK</u> <u>73196-0042</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,898.95</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.196</div> Nonpriority creditor's name and mailing address <u>Griffin Television Tulsa II LLC</u> <u>KQCW-TV</u> <u>303 North Boston</u>  <u>Tulsa</u> <u>OK</u> <u>74103</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,536.95</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.197</div> Nonpriority creditor's name and mailing address <b>Griffin Television Tulsa LLC</b> <b>KOTV-TV</b> <b>303 North Boston</b>  <b>Tulsa</b> <b>OK</b> <b>74103</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,754.31</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.198</div> Nonpriority creditor's name and mailing address <b>H Code Media, Inc.</b> <b>PO Box 203823</b>  <b>Dallas</b> <b>TX</b> <b>75320-3823</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,406.94</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199</div> Nonpriority creditor's name and mailing address <b>HBC Solutions Inc div of Gores Broadcast</b> <b>Imagine Communications</b> <b>P.O. Box 732107</b>  <b>Dallas</b> <b>TX</b> <b>75373-2107</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$127.66</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.200</div> Nonpriority creditor's name and mailing address <b>Headrick Outdoor Media Inc</b> <b>One Freedom Square</b>  <b>Laurel</b> <b>MS</b> <b>39440-3367</b> Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>2</u> <u>5</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,950.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.201</div> Nonpriority creditor's name and mailing address <b>Hearst Properties Inc</b> <b>KETV-TV</b> <b>1001 So. 10th Street</b>  <b>Omaha</b> <b>NE</b> <b>68108</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,119.30</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.202</div> Nonpriority creditor's name and mailing address <b>Hearst Stations, Inc.</b> <b>KSBW-TV</b> <b>PO Box 90022</b>  <b>Prescott</b> <b>AZ</b> <b>86304-9022</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,247.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.203</div> Nonpriority creditor's name and mailing address <b>Hearst Stations, Inc.</b> <b>WISN-TV</b> <b>PO Box 90031</b>  <b>Prescott</b> <b>AZ</b> <b>86304-9031</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,463.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.204</div> Nonpriority creditor's name and mailing address <b>Hearst Stations, Inc.</b> <b>WPTZ-TV</b> <b>5 Television Drive</b>  <b>Plattsburgh</b> <b>NY</b> <b>12901</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,355.80</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.205</div> Nonpriority creditor's name and mailing address <b>Hearst Television</b> <b>KCRA-TV</b> <b>3 Television Circle</b>  <b>Sacramento</b> <b>CA</b> <b>95814</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,982.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.206</div> Nonpriority creditor's name and mailing address <b>Hearst Television Inc</b> <b>KOAT-TV</b> <b>P.O. Box 90020</b>  <b>Prescott</b> <b>AZ</b> <b>86304-9020</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,874.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.207</div> Nonpriority creditor's name and mailing address <b>Hearst Television Inc.</b> <b>WAPT-TV</b> <b>P.O. Box 90023</b>  <b>Prescott</b> <b>AZ</b> <b>86304-9023</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,440.55</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.208</div> Nonpriority creditor's name and mailing address <b>Hill Country Savings Magazine</b> <b>Lynda Oatman</b> <b>226 Outland Drive</b>  <b>Harper</b> <b>TX</b> <b>78631</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$745.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.209</b></div> Nonpriority creditor's name and mailing address <b>Hispanic Indoor Media, Inc.</b> <b>5547 Main Street</b>  <b>Williamsville</b> <b>NY</b> <b>14221</b> Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$142,845.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.210</b></div> Nonpriority creditor's name and mailing address <b>Holladay Broadcasting</b> <b>KRVV-FM</b> <b>P.O. Box 4808</b>  <b>Monroe</b> <b>LA</b> <b>71211-4808</b> Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,987.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.211</b></div> Nonpriority creditor's name and mailing address <b>Houston Chronicle-Church's</b> <b>801 Texas Ave</b>  <b>Houston</b> <b>TX</b> <b>77002</b> Date or dates debt was incurred _____ Last 4 digits of account number <b>1</b> <b>0</b> <b>0</b> <b>6</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$916.51</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.212</b></div> Nonpriority creditor's name and mailing address <b>Hubbard Broadcasting, Inc.</b> <b>KOB-TV</b> <b>P.O. Box 840422</b>  <b>Dallas</b> <b>TX</b> <b>75284-0422</b> Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,498.75</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.213</div> Nonpriority creditor's name and mailing address <b>Hubbard Broadcasting, Inc.</b> <b>KSTP-TV</b> <b>3415 University Ave.</b>  <b>Saint Paul</b> <b>MN</b> <b>55114</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,430.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.214</div> Nonpriority creditor's name and mailing address <b>Hubbard Broadcasting, Inc.</b> <b>KUPD-FM</b> <b>PO Box 511553</b>  <b>Los Angeles</b> <b>CA</b> <b>90051-8108</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,550.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.215</div> Nonpriority creditor's name and mailing address <b>Hulu, LLC</b> <b>15059 Collections Center Drive</b>  <b>Chicago</b> <b>IL</b> <b>60693</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,035.19</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.216</div> Nonpriority creditor's name and mailing address <b>ICA Radio LTD</b> <b>KCRS-FM</b> <b>1330 E. 8th Street Suite 207</b>  <b>Odessa</b> <b>TX</b> <b>79761</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,740.40</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.217</div> Nonpriority creditor's name and mailing address ICA Radio, LTD KMRK-FM PO Box 610062  Dallas TX 75261-0062  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,837.70
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.218</div> Nonpriority creditor's name and mailing address iHeart Media KSAB-FM P.O. Box 847572  Dallas TX 75284-7572  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,109.30
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.219</div> Nonpriority creditor's name and mailing address iHeart Media WSRZ-FM PO Box 406372  Atlanta GA 30384-6372  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,733.60
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.220</div> Nonpriority creditor's name and mailing address iHeartMeadia, Inc. WACO-FM P.O. Box 847572  Dallas TX 75284-7572  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,537.70

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.221</div> Nonpriority creditor's name and mailing address iHeartMedia KBRQ-FM P.O. Box 847572  Dallas TX 75284-7572  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,870.45
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.222</div> Nonpriority creditor's name and mailing address iHeartMedia KNFX-FM P.O. Box 847572  Dallas TX 75284-7572  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,259.70
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.223</div> Nonpriority creditor's name and mailing address iHeartMedia KWTX-FM P.O. Box 847572  Dallas TX 75284-7572  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,045.15
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.224</div> Nonpriority creditor's name and mailing address iHeartMedia WFME-FM PO Box 847572  Dallas TX 75284-7572  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,796.25



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.225</div> Nonpriority creditor's name and mailing address iHeartMedia WHBT-FM PO Box 419499  Boston MA 02241-9499  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,592.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.226</div> Nonpriority creditor's name and mailing address IHeartMedia WIBB-FM 7080 Industrial Hwy  Macon GA 31216  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,419.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.227</div> Nonpriority creditor's name and mailing address IHeartMedia WRBV-FM 7080 Industrial Hwy  Macon GA 31216  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,568.25
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.228</div> Nonpriority creditor's name and mailing address iHeartMedia WRUM-FM PO Box 406372  Atlanta GA 30384-6372  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,291.05

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.229</div> Nonpriority creditor's name and mailing address <u>iHeartMedia + Entertainment Inc</u> <u>KBQI-FM</u> <u>20880 Stone Oak Parkway</u>  <u>San Antonio</u> <u>TX</u> <u>78258</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,125.45</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.230</div> Nonpriority creditor's name and mailing address <u>IHeartMedia + Entertainment Inc</u> <u>KXTC-FM</u> <u>20880 Stone Oak Parkway</u>  <u>San Antonio</u> <u>TX</u> <u>78258</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$703.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.231</div> Nonpriority creditor's name and mailing address <u>iHeartMedia + Entertainment Inc</u> <u>KZRR-FM</u> <u>20880 Stone Oak Parkway</u>  <u>San Antonio</u> <u>TX</u> <u>78258</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,270.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.232</div> Nonpriority creditor's name and mailing address <u>IHeartMedia + Entertainment Inc</u> <u>WMIB-FM</u> <u>POB 402535</u>  <u>Atlanta</u> <u>GA</u> <u>30384-6404</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,031.25</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.233</div> Nonpriority creditor's name and mailing address <u>iHeartMedia + Entertainment, Inc.</u> <u>WAGH-FM</u> <u>P.O. Box 406253</u>  <u>Atlanta</u> <u>GA</u> <u>30384-6253</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,955.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.234</div> Nonpriority creditor's name and mailing address <u>iHeartMedia, Inc.</u> <u>KAGG-FM</u> <u>P.O. Box 847572</u>  <u>Dallas</u> <u>TX</u> <u>75284-7572</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$737.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.235</div> Nonpriority creditor's name and mailing address <u>iHeartMedia, Inc.</u> <u>KBGO-FM</u> <u>PO Box 847450</u>  <u>Dallas</u> <u>TX</u> <u>75284-7450</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,149.20</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.236</div> Nonpriority creditor's name and mailing address <u>iHeartMedia, Inc.</u> <u>KKYS-FM</u> <u>PO Box 847572</u>  <u>Dallas</u> <u>TX</u> <u>75284-7572</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,009.80</u>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.237</div> Nonpriority creditor's name and mailing address <u>Imagen Group Inc.</u> <u>XLTN-FM</u> <u>2403 Hoover Avenue</u>  <u>National City</u> <u>CA</u> <u>91950</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$29,631.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238</div> Nonpriority creditor's name and mailing address <u>IMG College, LLC</u> <u>PO Box 16533</u>  <u>Palatine</u> <u>IL</u> <u>60055</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  9  </u> <u>  6  </u> <u>  8  </u> <u>  4  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16,250.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.239</div> Nonpriority creditor's name and mailing address <u>JRT Delivery Systems</u> <u>Zip Delivery</u> <u>10610 Newkirk Suite 206</u>  <u>Dallas</u> <u>TX</u> <u>75220</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$784.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.240</div> Nonpriority creditor's name and mailing address <u>KABC</u> <u>KABC-TV</u> <u>PO Box 732384</u>  <u>Dallas</u> <u>TX</u> <u>75373-2384</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$107,503.75</u>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.241</div> Nonpriority creditor's name and mailing address <u>KASA-TV</u> <u>Ramar Communications</u> <u>P.O. Box 3757</u>  <u>Lubbock</u> <u>TX</u> <u>79452</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,210.10</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.242</div> Nonpriority creditor's name and mailing address <u>KATC Communications Inc</u> <u>KATC-TV</u> <u>1103 Eraste Landry Rd.</u>  <u>Lafayette</u> <u>LA</u> <u>70506</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,942.88</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.243</div> Nonpriority creditor's name and mailing address <u>KATC Communications LLC</u> <u>NATC-TV</u> <u>1103 Eraste Landry Road</u>  <u>Lafayette</u> <u>LA</u> <u>70506</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$127.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.244</div> Nonpriority creditor's name and mailing address <u>KBFB-FM</u> <u>Radio One of TX LP</u> <u>PO Box 603441</u>  <u>Charlotte</u> <u>NC</u> <u>28260-3441</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,125.00</u>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.245</div> Nonpriority creditor's name and mailing address KBNA-FM* P.O. Box 460627 Univision Receivables Co _____ Houston TX 77056 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,720.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.246</div> Nonpriority creditor's name and mailing address KBPC Broadcasting LLC KBPC-FM 1000 N Church St _____ Palestine TX 75801 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,873.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247</div> Nonpriority creditor's name and mailing address KBXX-FM Radio One of Texas II LLC P.O. Box 847339 _____ Dallas TX 75284 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,177.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.248</div> Nonpriority creditor's name and mailing address KCWE-TV* P.O. Box 26867 _____ Lehigh Valley PA 18002-6867 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,762.50

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.249</div> Nonpriority creditor's name and mailing address <b>KDCG-TV</b> <b>Delta Media</b> <b>PO Box 159</b>  <b>Carencro</b> <b>LA</b> <b>70520</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$246.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.250</div> Nonpriority creditor's name and mailing address <b>Keleher Outdoor Advertising, Inc.</b> <b>523 S Virginia Ave</b>  <b>Bartlesville</b> <b>OK</b> <b>74003</b>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  3  </u> <u>  8  </u> <u>  9  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$918.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.251</div> Nonpriority creditor's name and mailing address <b>KENS-TV Inc</b> <b>Dept 730042</b> <b>P.O. Box 660919</b>  <b>Dallas</b> <b>TX</b> <b>75266-0919</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44,614.81</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.252</div> Nonpriority creditor's name and mailing address <b>Kerrville Daily Times</b> <b>429 Jefferson</b>  <b>Kerrville</b> <b>TX</b> <b>78028</b>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  9  </u> <u>  1  </u> <u>  7  </u> <u>  9  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6.03</b>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.253</div> Nonpriority creditor's name and mailing address <b>KESN Operating Ltd.</b> <b>KESN-FM</b> <b>400 E. Las Colinas Blvd Ste 1033</b>  <b>Irving TX 75039</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,635.03</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.254</div> Nonpriority creditor's name and mailing address <b>KETK-TV</b> <b>Nexstar Broadcasting, Inc.</b> <b>PO Box 840185</b>  <b>Dallas TX 75284-0185</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,197.35</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.255</div> Nonpriority creditor's name and mailing address <b>KFMB TV- LLC</b> <b>KFMB-TV</b> <b>7677 Engineer Rd</b>  <b>San Diego CA 92111</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,857.10</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.256</div> Nonpriority creditor's name and mailing address <b>KFSN-TV, LLC</b> <b>KFSN-TV</b> <b>PO Box 732384</b>  <b>Dallas TX 75373-2384</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,541.85</b>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.257</div> Nonpriority creditor's name and mailing address KFTA-TV 4624 Kelley Hwy  Fort Smith AR 72904  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$272.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.258</div> Nonpriority creditor's name and mailing address KFXK-TV Nexstar Broadcasting, Inc. PO Box 840185  Dallas TX 75284-8401  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,502.87
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.259</div> Nonpriority creditor's name and mailing address KGO Television, Inc. KGO-TV 202 PO Box 732384  Dallas TX 75373-2384  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,995.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.260</div> Nonpriority creditor's name and mailing address KGRB-FM Lazer Broadcasting Corporation PO BOX 6940  Oxnard CA 93031  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,393.00

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.261</div> Nonpriority creditor's name and mailing address <b>KGUN-TV</b> <b>312 Walnut Street, Ste 2800</b>   <b>Cincinnati OH 45202</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,069.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.262</div> Nonpriority creditor's name and mailing address <b>KHOU-TV*</b> <b>Dept 730044</b> <b>P.O. Box 660919</b>   <b>Dallas TX 75266-0919</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60,569.94</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.263</div> Nonpriority creditor's name and mailing address <b>KHQ, Incorporated</b> <b>KHQ-TV</b> <b>PO Box 600</b>   <b>Spokane WA 99210</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,426.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.264</div> Nonpriority creditor's name and mailing address <b>KHQ, Incorporated</b> <b>KNDO-TV</b> <b>PO Box 600</b>   <b>Spokane WA 99210</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,067.30</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.265</div> Nonpriority creditor's name and mailing address <b>KIAH Inc.</b> <b>KIAH-TV</b> <b>P.O. Box 843744</b>  <b>Dallas TX 75284-3744</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,199.83</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.266</div> Nonpriority creditor's name and mailing address <b>KIII Operating Company LLC</b> <b>KIII-TV</b> <b>Dept. 730054</b> <b>P.O. Box 660919</b>  <b>Dallas TX 75266-0919</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,820.90</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.267</div> Nonpriority creditor's name and mailing address <b>KING Broadcasting Company</b> <b>KING-TV - Dept. 710017</b> <b>PO Box 514670</b>  <b>Los Angeles CA 90051-4670</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,671.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.268</div> Nonpriority creditor's name and mailing address <b>King Broadcasting Company</b> <b>KTVB-TV - Dept 710015</b> <b>PO Box 514670</b>  <b>Los Angeles CA 90051-4670</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,300.25</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.269</div> Nonpriority creditor's name and mailing address <b>KIRO-TV, Inc.</b> <b>KIRO-TV</b> <b>P.O. Box 809148</b>  <b>Chicago</b> <b>IL</b> <b>60680-9148</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,148.10</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.270</div> Nonpriority creditor's name and mailing address <b>KJMG-FM / Mapleton of Monroe, LLC</b> <b>Lagniappe Broadcasting of Monroe</b> <b>1200 N 18th Street, Ste. D</b>  <b>Monroe</b> <b>LA</b> <b>71201</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$71.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.271</div> Nonpriority creditor's name and mailing address <b>KLAX-FM</b> <b>Spanish Broadcasting System, Inc.</b> <b>7007 NW 77th Avenue</b>  <b>Miami</b> <b>FL</b> <b>33166</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83,557.28</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.272</div> Nonpriority creditor's name and mailing address <b>KLNV-FM /Univision Radio San Diego, Inc.</b> <b>Univision Receivables CO LLC</b> <b>P.O. Box 452538</b>  <b>Los Angeles</b> <b>CA</b> <b>90045</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,853.50</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.273</div> Nonpriority creditor's name and mailing address <b>KLQV-FM /Univision Radio San Diego, Inc.</b> <b>Univision Receivables CO LLC</b> <b>P.O. Box 452538</b>  <b>Los Angeles</b> <b>CA</b> <b>90045</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,624.30</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.274</div> Nonpriority creditor's name and mailing address <b>KLWB TV</b> <b>Delta Media Corporation</b> <b>3501 NW Evangeline Thruway</b>  <b>Carencro</b> <b>LA</b> <b>70520</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,853.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.275</div> Nonpriority creditor's name and mailing address <b>KMBC-TV*</b> <b>P.O. Box 90018</b>  <b>Prescott</b> <b>AZ</b> <b>86304-9018</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,185.45</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.276</div> Nonpriority creditor's name and mailing address <b>KMJE-FM</b> <b>1442 Ethan Way, Ste 101</b>  <b>Sacramento</b> <b>CA</b> <b>95825</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,424.00</b>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.277</div> Nonpriority creditor's name and mailing address <b>KMNV-FM</b> <b>3003 27th Avenue South #400</b>  <b>Minneapolis MN 55406</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,157.97</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.278</div> Nonpriority creditor's name and mailing address <b>KMSP-TV</b> <b>Fox/UTV Holdings, LLC</b> <b>11358 Viking Drive</b>  <b>Eden Prairie MN 55344-7258</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,757.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.279</div> Nonpriority creditor's name and mailing address <b>KMVX-FM</b> <b>Holladay Broadcasting</b> <b>1109 Hudson Lane</b>  <b>Monroe LA 71201</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$391.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280</div> Nonpriority creditor's name and mailing address <b>Knight Broadcasting of Baton Rouge Inc.</b> <b>WVLA-TV</b> <b>10000 Perkins Rd.</b>  <b>Baton Rouge LA 70810</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,604.80</b>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.281</div> Nonpriority creditor's name and mailing address <u>KNNW-FM / Mapleton of Monroe, LLC</u> <u>Lagniappe Broadcasting of Monroe</u> <u>1200 N 18th Street, Ste. D</u>  <u>Monroe</u> <u>LA</u> <u>71201</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$164.90</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.282</div> Nonpriority creditor's name and mailing address <u>Knoxville TV LLC</u> <u>KAKE-TV</u> <u>3914 Winstar Rd</u>  <u>Richmond</u> <u>VA</u> <u>23228</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$918.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283</div> Nonpriority creditor's name and mailing address <u>KNZA, Inc.</u> <u>KLZA-FM</u> <u>PO Box 104</u>  <u>Hiawatha</u> <u>KS</u> <u>66434</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,606.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.284</div> Nonpriority creditor's name and mailing address <u>KOCO-TV</u> <u>P.O. Box 90021</u>  <u>Prescott</u> <u>AZ</u> <u>86304-9021</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,149.10</u>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.285</div> Nonpriority creditor's name and mailing address <b>KOKI-TV</b> <b>Cox Media Group, Inc.</b> <b>P.O. Box 809171</b>  <b>Chicago</b> <b>IL</b> <b>60680-9171</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,529.79</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.286</div> Nonpriority creditor's name and mailing address <b>KOLL-FM</b> <b>La Zeta 957 Inc</b> <b>9500 Interstate 30</b>  <b>Little Rock</b> <b>AR</b> <b>72209</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,047.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.287</div> Nonpriority creditor's name and mailing address <b>KPAX Communications, LLC.</b> <b>KPAX-TV</b> <b>P.O. Box 4827</b>  <b>Missoula</b> <b>MT</b> <b>59806</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,753.15</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.288</div> Nonpriority creditor's name and mailing address <b>KPSP-TV</b> <b>% KESQ TV</b> <b>PO Box 873808</b>  <b>Kansas City</b> <b>MO</b> <b>64187-3808</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$688.50</b>



Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.289</div> Nonpriority creditor's name and mailing address KPTV-TV PO Box 100143  Pasadena CA 91189-0143 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,065.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.290</div> Nonpriority creditor's name and mailing address KRBE-FM Cumulus - Houston 3665 Momentum Place  Chicago IL 60689-5336 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,758.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.291</div> Nonpriority creditor's name and mailing address KRCD-FM P.O. Box 452148  Los Angeles CA 90045-9716 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,996.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.292</div> Nonpriority creditor's name and mailing address KRCX-FM 1436 Auburn Blvd  Sacramento CA 95815 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,568.75

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.293</div> Nonpriority creditor's name and mailing address KRQE-TV Nexstar Broadcasting, Inc P.O. Box 844304  Dallas TX 75284-4304  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,441.30
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.294</div> Nonpriority creditor's name and mailing address KSNB-TV 4370 Peachtree Rd., NE, Ste. 400  Atlanta GA 30319  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,654.61
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.295</div> Nonpriority creditor's name and mailing address KSWO Television Inc. KSWO-TV P.O. Box 11407 Dept# 2677 Birmingham AL 35246-2677  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,101.60
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.296</div> Nonpriority creditor's name and mailing address KTBS LLC KPXJ-TV P.O. Box 44227  Shreveport LA 71134-4227  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,496.55

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.297</div> Nonpriority creditor's name and mailing address _____ <b>KTBS LLC</b> _____ <b>KTBS-TV</b> _____ <b>P.O. Box 44227</b> _____ _____ <b>Shreveport</b> <b>LA</b> <b>71104</b> _____ Date or dates debt was incurred      _____ Last 4 digits of account number      ____ _ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>\$21,038.35</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.298</div> Nonpriority creditor's name and mailing address _____ <b>KTDO- TV</b> _____ <b>10033 Carnegie Ave</b> _____ _____ <b>El Paso</b> <b>TX</b> <b>79925</b> _____ Date or dates debt was incurred      _____ Last 4 digits of account number      ____ _ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>\$14,994.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.299</div> Nonpriority creditor's name and mailing address _____ <b>KTNN-AM</b> _____ <b>P.O. Box 2569</b> _____ _____ <b>Window Rock</b> <b>AZ</b> <b>86515</b> _____ Date or dates debt was incurred      _____ Last 4 digits of account number      ____ _ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>\$695.30</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.300</div> Nonpriority creditor's name and mailing address _____ <b>KTRA-FM</b> _____ <b>P.O. Box 847383</b> _____ _____ <b>Dallas</b> <b>TX</b> <b>75284-7383</b> _____ Date or dates debt was incurred      _____ Last 4 digits of account number      ____ _ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>\$836.74</b>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.301</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>KTRK-TV</b> <b>KTRK-TV</b> <b>P.O. Box 732384</b>  <b>Dallas TX 75373-2384</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$103,731.45</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.302</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>KTSM-TV*</b> <b>Nexstar Broadcasting, Inc.</b> <b>3801 D Constitution Dr</b>  <b>El Paso TX 79922</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,062.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.303</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>KTSR-FM</b> <b>Townsquare Media, LLC</b> <b>P.O. Box 730984</b>  <b>Dallas TX 75373-0984</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,502.80</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.304</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>KTTR - KZNN Inc.</b> <b>KDAA-FM</b> <b>PO Box 727</b>  <b>Rolla MO 65402</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,080.00</b>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.305</b></div> <b>Nonpriority creditor's name and mailing address</b> KTUV-AM KTUV-AM 8211 Gayer Springs Rd. Ste # P6  Little Rock AR 72209  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,081.65</b> _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.306</b></div> <b>Nonpriority creditor's name and mailing address</b> KTVQ Communications, LLC KTVQ-TV PO Box 2557  Billings MT 59103  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,602.75</b> _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.307</b></div> <b>Nonpriority creditor's name and mailing address</b> KTVU Inc. KMYT-TV P.O. Box 809171  Chicago IL 60680-9171  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$986.85</b> _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.308</b></div> <b>Nonpriority creditor's name and mailing address</b> KTXH-TV** 3733 Collection Center Dr  Chicago IL 60693  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,242.64</b> _____



Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.313</div> Nonpriority creditor's name and mailing address <b>KVOA Communications, LLC</b> <b>KVOA-TV</b> <b>PO Box 5188</b>  <b>Tucson</b> <b>AZ</b> <b>85703</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,108.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.314</div> Nonpriority creditor's name and mailing address <b>KVUE Television Inc</b> <b>KVUE-TV - Dept 730043</b> <b>P.O. Box 660919</b>  <b>Dallas</b> <b>TX</b> <b>75266-0919</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,193.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.315</div> Nonpriority creditor's name and mailing address <b>KVVU Broadcasting Corporation</b> <b>KVVU-TV</b> <b>PO Box 100084</b>  <b>Pasadena</b> <b>CA</b> <b>91189-0084</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,313.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.316</div> Nonpriority creditor's name and mailing address <b>KWBT-FM</b> <b>Edwards Media LLC</b> <b>PO Box 20521</b>  <b>Waco</b> <b>TX</b> <b>76710</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,254.60</b>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.317</div> Nonpriority creditor's name and mailing address <b>KWGN-TV</b> <b>PO Box 59743</b>  <b>Los Angeles</b> <b>CA</b> <b>90074</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,210.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.318</div> Nonpriority creditor's name and mailing address <b>KWQC-TV</b> <b>Gray Television Group Inc.</b> <b>4370 Peachtree Rd, NE, Suite 400</b>  <b>Atlanta</b> <b>GA</b> <b>30319</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,254.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.319</div> Nonpriority creditor's name and mailing address <b>KXHT-FM</b> <b>6080 Mt. Moriah</b>  <b>Memphis</b> <b>TN</b> <b>38115</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,557.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.320</div> Nonpriority creditor's name and mailing address <b>KXRR-FM / Mapleton of Monroe, LLC</b> <b>Lagniappe Broadcasting of Monroe</b> <b>1200 N. 18TH Street, Ste. D</b>  <b>Monroe</b> <b>LA</b> <b>71201</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$583.95</b>



Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.321</div> Nonpriority creditor's name and mailing address <b>KXSE-FM</b> <b>1436 Auburn Blvd</b>  <b>Sacramento</b> <b>CA</b> <b>95815</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,539.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.322</div> Nonpriority creditor's name and mailing address <b>KXTV-TV</b> <b>400 Broadway</b>  <b>Sacramento</b> <b>CA</b> <b>95818</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,606.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.323</div> Nonpriority creditor's name and mailing address <b>KZEP-FM</b> <b>P.O. Box 847327</b> <b>Clear Channel Radio</b>  <b>Dallas</b> <b>TX</b> <b>75284-7327</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,512.85</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.324</div> Nonpriority creditor's name and mailing address <b>KZRZ-FM / Mapleton of Monroe, LLC</b> <b>Lagniappe Broadcasting of Monroe</b> <b>1200 N 18th Street, Ste. D</b>  <b>Monroe</b> <b>LA</b> <b>71201</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$493.85</b>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.325</div> Nonpriority creditor's name and mailing address <u>KZZA-FM</u> <u>Liberman Broadcasting of Dallas LLC</u> <u>2410 Gateway Drive</u>  <u>Irving</u> <u>TX</u> <u>75063</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,652.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.326</div> Nonpriority creditor's name and mailing address <u>Lamar Texas Limited Partnership</u> <u>Lamar Companies</u> <u>P.O. Box 96030</u>  <u>Baton Rouge</u> <u>LA</u> <u>70896</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>9</u> <u>6</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$261,545.57</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.327</div> Nonpriority creditor's name and mailing address <u>Landmark Media Enterprises LLC</u> <u>WTVF-TV</u> <u>PO Box 204444</u>  <u>Dallas</u> <u>TX</u> <u>75320-4444</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$21,276.35</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.328</div> Nonpriority creditor's name and mailing address <u>Last Bastion Station Trust, LLC</u> <u>KOKY-FM</u> <u>700 Wellington Hills Rd</u>  <u>Little Rock</u> <u>AR</u> <u>72211</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$618.80</u>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.329</div> Nonpriority creditor's name and mailing address <b>Liberman Broadcasting Inc</b> <b>KZJL-TV</b> <b>3000 Bering</b>  <b>Houston TX 77057</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,500.37</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.330</div> Nonpriority creditor's name and mailing address <b>Liberman Broadcasting of Dallas LLC</b> <b>KMPX-TV</b> <b>2410 Gateway Drive</b>  <b>Irving TX 75063</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,578.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.331</div> Nonpriority creditor's name and mailing address <b>Liberman Broadcasting of Dallas LLC</b> <b>KNOR-FM</b> <b>2410 Gateway Drive</b>  <b>Irving TX 76063</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,299.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.332</div> Nonpriority creditor's name and mailing address <b>Liberman Broadcasting-CA, LLC</b> <b>KBUE-FM</b> <b>1845 Empire Ave.</b>  <b>Burbank CA 91501</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,868.60</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.333</div> Nonpriority creditor's name and mailing address <u>Lieberman Broadcasting, Inc.</u> <u>KQQK-FM</u> <u>3000 Bering Dr</u>  <u>Houston TX 77057</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,407.49</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.334</div> Nonpriority creditor's name and mailing address <u>Lieberman Broadcasting, Inc.</u> <u>KTJM-FM</u> <u>3000 Bering Dr</u>  <u>Houston TX 77057</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,852.53</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.335</div> Nonpriority creditor's name and mailing address <u>Lin Television Corporation</u> <u>KNVA-TV</u> <u>P.O. Box 844304</u>  <u>Dallas TX 75284-4304</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$280.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.336</div> Nonpriority creditor's name and mailing address <u>Lin Television Corporation</u> <u>KXAN-TV</u> <u>P.O. Box 844304</u>  <u>Dallas TX 75284-4304</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,904.50</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.337</div> Nonpriority creditor's name and mailing address <u>Lin Television Corporation: WIAT-TV</u> <u>P.O. Box 403911</u>  <u>Atlanta</u> <u>GA</u> <u>30384-3911</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <u>                    \$5,565.80</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.338</div> Nonpriority creditor's name and mailing address <u>Linkedin Corporation</u> <u>62228 Collections Center Drive</u>  <u>Chicago</u> <u>IL</u> <u>60693-0622</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  3  </u> <u>  7  </u> <u>  1  </u> <u>  3  </u>	As of the petition filing date, the claim is: <u>                    \$3,198.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.339</div> Nonpriority creditor's name and mailing address <u>London Broadcasting Company Inc</u> <u>KBMT-TV</u> <u>PO Box 660919</u>  <u>Dallas</u> <u>TX</u> <u>75266-0919</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <u>                    \$9,772.87</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.340</div> Nonpriority creditor's name and mailing address <u>London Broadcasting Company Inc</u> <u>KJAC-TV</u> <u>PO Box 660919</u> <u>Dept 730055</u> <u>Dallas</u> <u>TX</u> <u>75266-0919</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <u>                    \$3,401.92</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.341</div> Nonpriority creditor's name and mailing address <u>Louisiana Media Company LLC</u> <u>WVUE-TV</u> <u>Dept. 2310</u> <u>P.O. Box 11407</u> <u>Birmingham</u> <u>AL</u> <u>35246-2310</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$19,569.55</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.342</div> Nonpriority creditor's name and mailing address <u>Louisiana Television Broadcasting LLC</u> <u>WBRZ-TV</u> <u>P.O. Box 2906</u> <u>Baton Rouge</u> <u>LA</u> <u>70821</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,365.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.343</div> Nonpriority creditor's name and mailing address <u>LSB Broadcasting, Inc.</u> <u>KYTX-TV - Dept 730057</u> <u>PO Box 660919</u> <u>Dallas</u> <u>TX</u> <u>75266-0919</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,732.21</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.344</div> Nonpriority creditor's name and mailing address <u>Majestic Communications, LLC</u> <u>KBCQ-FM</u> <u>P.O. Box 670</u> <u>Roswell</u> <u>NM</u> <u>88202</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$777.30</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.345</div> Nonpriority creditor's name and mailing address <b>Malkan Interactive Communications</b> <b>KZFM-FM</b> <b>P.O. Box 9757</b>  <b>Corpus Christi TX 78469</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,348.65</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.346</div> Nonpriority creditor's name and mailing address <b>Maranatha Broadcasting Co Inc</b> <b>WFMZ-TV</b> <b>300 East Rock Road</b>  <b>Allentown PA 18103</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,808.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.347</div> Nonpriority creditor's name and mailing address <b>Marketing Informatics, LLC</b> <b>5629 Professional Circle</b>   <b>Indianapolis IN 46241</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,926.43</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.348</div> Nonpriority creditor's name and mailing address <b>McKinnon Broadcasting Company, Inc.</b> <b>KUSI-TV</b> <b>PO Box 719051</b>  <b>San Diego CA 92171</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,380.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.349</div> Nonpriority creditor's name and mailing address  <b>Media General</b> <b>KLFY-TV</b> <b>P.O. Box 743299</b>  <b>Atlanta</b> <b>GA</b> <b>30384</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,731.02</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.350</div> Nonpriority creditor's name and mailing address  <b>Media General Operations Inc</b> <b>WJTV-TV</b> <b>33096 Collection Center Drive</b>  <b>Chicago</b> <b>IL</b> <b>60693</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,034.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.351</div> Nonpriority creditor's name and mailing address  <b>Media General Operations Inc.</b> <b>WSAV-TV</b> <b>P.O. Box 743299</b>  <b>Atlanta</b> <b>GA</b> <b>30384</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,626.10</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.352</div> Nonpriority creditor's name and mailing address  <b>Meredith Corporation</b> <b>KCTV-TV**</b> <b>21241 Network Place</b>  <b>Chicago</b> <b>IL</b> <b>60673-1212</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,043.05</b>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.353</div> Nonpriority creditor's name and mailing address <b>Meredith Corporation</b> <b>KPHO-TV</b> <b>Box 100067</b>  <b>Pasadena</b> <b>CA</b> <b>91189-0067</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,847.54</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.354</div> Nonpriority creditor's name and mailing address <b>Meredith Corporation</b> <b>WALA</b> <b>29763 Network Place</b>  <b>Chicago</b> <b>IL</b> <b>60673-1297</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,122.70</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.355</div> Nonpriority creditor's name and mailing address <b>Meredith Corporation</b> <b>WHNS-TV</b> <b>29903 Network Place</b>  <b>Chicago</b> <b>IL</b> <b>60673-1299</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,020.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.356</div> Nonpriority creditor's name and mailing address <b>Meredith Corporation</b> <b>WSMV-TV</b> <b>29824 Network Place</b>  <b>Chicago</b> <b>IL</b> <b>60673-1298</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,552.70</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357</div> Nonpriority creditor's name and mailing address <b>Meridian Media, LLC</b> <b>WMDN-TV</b> <b>1151 Crestview Circle</b>  <b>Meridian</b> <b>MS</b> <b>39301-8669</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,805.85</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.358</div> Nonpriority creditor's name and mailing address <b>Microsoft/Bing</b> <b>555 110th Ave NE</b>  <b>Bellevue</b> <b>WA</b> <b>98004</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$223.69</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.359</div> Nonpriority creditor's name and mailing address <b>Mid Missouri Media, Inc.</b> <b>KLPW-FM</b> <b>1051 Kingshighway, Suite #6</b>  <b>Rolla</b> <b>MO</b> <b>65401</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,082.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.360</div> Nonpriority creditor's name and mailing address <b>Midessa Broadcasting LP</b> <b>KTXC-FM</b> <b>Dept# 2658</b> <b>P.O. Box 11407</b> <b>Birmingham</b> <b>AL</b> <b>35246-2658</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,352.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.361</div> Nonpriority creditor's name and mailing address <b>Midessa Television LP</b> <b>KWES-TV</b> <b>P.O. Box 11407 - Dept #2647</b>  <b>Birmingham</b> <b>AL</b> <b>35246-2647</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,674.58</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.362</div> Nonpriority creditor's name and mailing address <b>Mission Broadcasting Inc</b> <b>KRBC-TV</b> <b>PO Box 840185</b>  <b>Dallas</b> <b>TX</b> <b>75284-0185</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,542.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.363</div> Nonpriority creditor's name and mailing address <b>Mission Broadcasting, Inc.</b> <b>KOLR-TV</b> <b>PO Box 744201</b>  <b>Atlanta</b> <b>GA</b> <b>30374-4201</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,038.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.364</div> Nonpriority creditor's name and mailing address <b>Mobile Video Tapes Inc</b> <b>KRGV-TV</b> <b>P.O. Box 5</b>  <b>Weslaco</b> <b>TX</b> <b>78599-0005</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,255.35</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.365</div> Nonpriority creditor's name and mailing address <b>Morris Network Inc</b> <b>WMGT-TV</b> <b>P.O. Box 4328</b>  <b>Macon</b> <b>GA</b> <b>31208-4328</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,171.28</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.366</div> Nonpriority creditor's name and mailing address <b>Moshe Mike Isreal Hasson</b> <b>About Faces Entertainment</b> <b>5092 Dorsey Hall Dr.</b> <b>Ste 202</b> <b>Ellicorr City</b> <b>MD</b> <b>21042</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$580.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.367</div> Nonpriority creditor's name and mailing address <b>Mountain Broadcasting LLC</b> <b>KCYU-TV</b> <b>4600 S Regal Street</b>  <b>Spokane</b> <b>WA</b> <b>99223</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$71.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.368</div> Nonpriority creditor's name and mailing address <b>MSpark</b> <b>Mspark Dallas Lockbox</b> <b>P.O. Box 848469</b>  <b>Dallas</b> <b>TX</b> <b>75284-8469</b>  Date or dates debt was incurred _____ Last 4 digits of account number <b>7 9 3 5</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$420,478.99</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.369</div> Nonpriority creditor's name and mailing address <b>Multimedia Holdings Corp</b> <b>KPNX-TV</b> <b>P.O. Box 637375</b>  <b>Cincinnati OH 45263-7375</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,221.95</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.370</div> Nonpriority creditor's name and mailing address <b>Multimedia Holdings Corp</b> <b>KTVD-TV</b> <b>P.O. Box 637367</b> <b>Dab Gannett Co Brdcst Inc</b> <b>Cincinnati OH 45263-7367</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,866.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.371</div> Nonpriority creditor's name and mailing address <b>Multimedia Holdings Corp</b> <b>KUSA-TV</b> <b>P.O. Box 637367</b>  <b>Cincinnati OH 45263-7367</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,832.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.372</div> Nonpriority creditor's name and mailing address <b>Multimedia Holdings Corporation</b> <b>KARE-TV</b> <b>PO Box 637386</b>  <b>Cincinnati OH 45263-7386</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,716.25</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.373</div> Nonpriority creditor's name and mailing address <b>National Media Delivery</b> <b>6345 Garth Road</b> <b>110-104</b>  <b>Baytown TX 77521</b>  Date or dates debt was incurred _____ Last 4 digits of account number <b>V 0 2 6</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60,823.52</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.374</div> Nonpriority creditor's name and mailing address <b>Navajo Times Publishing Co Inc</b> <b>P.O. Box 310</b> <b>Attn:Jonathan Harrison</b>  <b>Window Rock AZ 86515</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,424.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.375</div> Nonpriority creditor's name and mailing address <b>NBC Universal, LLC</b> <b>KNBC-TV</b> <b>PO Box 402971 - CFS Lockbox</b>  <b>Atlanta GA 30384-2971</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59,585.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.376</div> Nonpriority creditor's name and mailing address <b>NBC Universal, LLC</b> <b>KNTV-TV</b> <b>PO BOX 402971 - CFS Lockbox</b>  <b>Atlanta GA 30384-2971</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,502.50</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.377</div> Nonpriority creditor's name and mailing address NBC Universal, LLC KTMD-TV PO BOX 419306  Boston MA 02241-9306  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,295.14</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.378</div> Nonpriority creditor's name and mailing address NBC Universal, LLC KVDA-TV PO BOX 419306  Boston MA 02241-9306  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,904.21</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.379</div> Nonpriority creditor's name and mailing address NBC Universal, LLC KXAS-TV CFS Lockbox - PO BOX 402971  Atlanta GA 30384-2971  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93,505.10</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.380</div> Nonpriority creditor's name and mailing address NBC Universal, LLC KXTX PO BOX 419306  Boston MA 02241-9306  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,784.75</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.381</div> Nonpriority creditor's name and mailing address <b>NBC Universal, LLC</b> <b>WMAQ-TV</b> <b>PO Box 402971 - CFS Lockbox</b>  <b>Atlanta</b> <b>GA</b> <b>30384-2971</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,375.05</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.382</div> Nonpriority creditor's name and mailing address <b>NBC Universal, LLC</b> <b>WRC-TV</b> <b>PO Box 402971 - CFS Lockbox</b>  <b>Atlanta</b> <b>GA</b> <b>30384-2971</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,387.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.383</div> Nonpriority creditor's name and mailing address <b>NBCUniversal, LLC</b> <b>KTLM-TV</b> <b>PO BOX 419306</b>  <b>Boston</b> <b>MA</b> <b>02241-9306</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,471.90</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.384</div> Nonpriority creditor's name and mailing address <b>Nebraska Rural Radio Association</b> <b>KTMX-FM</b> <b>1309 Road 11</b>  <b>York</b> <b>NE</b> <b>68467</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$482.80</b>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.385</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Nestar Broadcasting Inc</b> <b>KTAB-TV</b> <b>PO Box 840185</b>  <b>Dallas TX 75284-0185</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,071.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.386</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>New Orleans Hearst TV Inc</b> <b>WDSU-TV</b> <b>P.O. Box 90027</b>  <b>Prescott AZ 86304-9027</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,408.63</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.387</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>New South Radio, Inc.</b> <b>WJKK-FM</b> <b>265 Highpoint Drive</b>  <b>Ridgeland MS 39157</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,587.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.388</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>New South Radio, Inc.</b> <b>WUSJ-FM</b> <b>265 Highpoint Drive</b>  <b>Ridgeland MS 39157</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,994.60</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.389</div> Nonpriority creditor's name and mailing address <b>New World Communications of Atlanta Inc.</b> <b>WAGA-TV</b> <b>PO Box 100610</b>  <b>Atlanta</b> <b>GA</b> <b>30384-0610</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,925.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.390</div> Nonpriority creditor's name and mailing address <b>New World Communications of Detroit, Inc</b> <b>WJBK-TV</b> <b>PO Box 100624</b>  <b>Atlanta</b> <b>GA</b> <b>30384-0624</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,932.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.391</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting</b> <b>WISH-TV</b> <b>90359 Collections Center Drive</b>  <b>Chicago</b> <b>IL</b> <b>60693</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,034.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.392</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting Group</b> <b>KXMC-TV</b> <b>2650 E. Division</b>  <b>Springfield</b> <b>MO</b> <b>65803</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,397.85</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.393</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting Group, Inc.</b> <b>KGPE-TV</b> <b>PO Box 748604</b>  <b>Los Angeles</b> <b>CA</b> <b>90074-8604</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,673.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.394</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting Group, Inc.</b> <b>KSEE-TV</b> <b>PO Box 748604</b>  <b>Los Angeles</b> <b>CA</b> <b>90074-8604</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,746.45</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.395</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting Inc</b> <b>KFDX-TV</b> <b>PO Box 840185</b>  <b>Dallas</b> <b>TX</b> <b>75284-0185</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,659.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting Inc</b> <b>KLST-TV</b> <b>PO Box 840185</b>  <b>Dallas</b> <b>TX</b> <b>75284-0185</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,172.15</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.397</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting Inc</b> <b>KMID-TV</b> <b>7403 University Ave.</b>  <b>Lubbock TX 79423</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,885.09</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.398</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting Inc</b> <b>KNWA-TV</b> <b>1401 W. Capitol Ave #104</b>  <b>Little Rock AR 72201</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,110.13</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.399</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting Inc</b> <b>KSAN-TV</b> <b>PO Box 840185</b>  <b>Dallas TX 75284-0185</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,515.55</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.400</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting Inc.</b> <b>KGET-TV</b> <b>PO Box 748604</b>  <b>Los Angeles CA 90074-8604</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,080.50</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.401</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Nexstar Broadcasting Inc.</b> <b>KLAS-TV</b> <b>PO Box 748604</b>  <b>Los Angeles</b> <b>CA</b> <b>90074-8604</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,863.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.402</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Nexstar Broadcasting Inc.</b> <b>KSVI-TV</b> <b>PO Box 748604</b>  <b>Los Angeles</b> <b>CA</b> <b>90074-8604</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.403</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Nexstar Broadcasting Inc.</b> <b>WATN-TV</b> <b>PO Box 840148</b>  <b>Dallas</b> <b>TX</b> <b>75284-8401</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,094.80</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.404</div>	<b>Nonpriority creditor's name and mailing address</b> <b>Nexstar Broadcasting Inc.</b> <b>WBOY-TV</b> <b>P.O. Box 419779</b> <b>Boston, MA 2241</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,196.00</b>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.405</b>	Nonpriority creditor's name and mailing address <u>Nexstar Broadcasting Inc.</u> <u>WBRE-TV</u> <u>PO Box 419779</u> <u>Boston, MA 2241</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,939.70</u>
Date or dates debt was incurred _____ Last 4 digits of account number ____ _			
<b>3.406</b>	Nonpriority creditor's name and mailing address <u>Nexstar Broadcasting Inc.</u> <u>WVNS-TV</u> <u>PO Box 419779</u> <u>Boston, MA 2241</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,884.45</u>
Date or dates debt was incurred _____ Last 4 digits of account number ____ _			
<b>3.407</b>	Nonpriority creditor's name and mailing address <u>Nexstar Broadcasting Inc.</u> <u>WYOU-TV</u> <u>PO Box 419779</u> <u>Boston, MA 2241</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,396.25</u>
Date or dates debt was incurred _____ Last 4 digits of account number ____ _			
<b>3.408</b>	Nonpriority creditor's name and mailing address <u>Nexstar Broadcasting, Inc.</u> <u>KAMR-TV</u> <u>PO Box 840185</u> <u>Dallas TX 75284</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$98.60</u>
Date or dates debt was incurred _____ Last 4 digits of account number ____ _			

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.409</b></div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>KARK-TV</b> <b>PO Box 840148</b>  <b>Dallas TX 75284-8401</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,002.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.410</b></div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>KCLO-TV</b> <b>P.O. Box 743299</b>  <b>Atlanta GA 30384</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$618.38</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.411</b></div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>KLRT-TV</b> <b>PO Box 840148</b>  <b>Dallas TX 75284-8401</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$765.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.412</b></div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>KOIN-TV</b> <b>PO Box 844304</b>  <b>Dallas TX 75284</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,383.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.413</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>KSNW-TV</b> <b>P.O. Box 844304</b>  <b>Dallas TX 75284</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,330.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.414</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>KTAL-TV</b> <b>PO Box 840148</b>  <b>Dallas TX 75284-0148</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,108.10</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.415</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>KTVX-TV</b> <b>PO Box 748604</b>  <b>Los Angeles CA 90074-8604</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$719.10</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.416</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>KXRM-TV</b> <b>33096 Collection Center Drive</b>  <b>Chicago IL 60693</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,733.25</b>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.417</div> Nonpriority creditor's name and mailing address _____ <b>Nexstar Broadcasting, Inc.</b> _____ <b>WATE-TV</b> _____ <b>545 E. John Carpenter Freeway, Suite 700</b> _____ _____ <b>Irving TX 75062</b> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,304.85 _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.418</div> Nonpriority creditor's name and mailing address _____ <b>Nexstar Broadcasting, Inc.</b> _____ <b>WBTW-TV</b> _____ <b>PO Box 743299</b> _____ _____ <b>Atlanta GA 30384</b> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,089.40 _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.419</div> Nonpriority creditor's name and mailing address _____ <b>Nexstar Broadcasting, Inc.</b> _____ <b>WCMH-TV</b> _____ <b>545 East John Carpenter Freeway, Ste 700</b> _____ _____ <b>Irving TX 75062</b> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,605.38 _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.420</div> Nonpriority creditor's name and mailing address _____ <b>Nexstar Broadcasting, Inc.</b> _____ <b>WDHN-TV</b> _____ <b>PO Box 744201</b> _____ _____ <b>Atlanta GA 30374-4201</b> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,005.55 _____

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.421</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>WGMB-TV FOX 45</b> <b>PO Box 840148</b>  <b>Dallas TX 75284-8401</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.422</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>WHTM-TV</b> <b>PO Box 743299</b>  <b>Atlanta GA 30384</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,429.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.423</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>WKRN-TV</b> <b>PO Box 743299</b>  <b>Atlanta GA 30384</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$510.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.424</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>WMBB-TV</b> <b>PO Box 744201</b>  <b>Atlanta GA 30374-4201</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,099.50</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.425</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>WNCN-TV</b> <b>33096 Collections Center Drive</b>  <b>Chicago</b> <b>IL</b> <b>60693</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,998.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.426</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>WOOD-TV</b> <b>90359 Collection Center Dr</b>  <b>Chicago</b> <b>IL</b> <b>60693</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,305.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.427</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>WSPA-TV</b> <b>33096 Collection Center Drive</b>  <b>Chicago</b> <b>IL</b> <b>60693</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,765.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.428</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>WTVO-TV</b> <b>PO Box 74008722</b>  <b>Chicago</b> <b>IL</b> <b>60674-8722</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$809.20</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.429</div> Nonpriority creditor's name and mailing address <b>Nexstar Broadcasting, Inc.</b> <b>WYCW-TV</b> <b>545 E. John Carpenter Freeway, Suite 700</b>  <b>Irving TX 75062</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$76.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.430</div> Nonpriority creditor's name and mailing address <b>Noalmark Broadcasting Corp.</b> <b>KIXN-FM</b> <b>619 N. Turner</b>  <b>Hobbs NM 88240</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,254.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.431</div> Nonpriority creditor's name and mailing address <b>Noalmark Broadcasting Corp.</b> <b>KZOR-FM</b> <b>P.O. Box 5629</b>  <b>Hobbs NM 88241</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,494.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.432</div> Nonpriority creditor's name and mailing address <b>NPG Broadcast / Gulf Cal. Broadcast Co.</b> <b>KESQ-TV</b> <b>PO Box 873808</b>  <b>Kansas City MO 64187-3808</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,280.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.433</div> Nonpriority creditor's name and mailing address <b>NPG of Monterey-Salinas CA, LLC</b> <b>KION-TV</b> <b>PO Box 873808</b>  <b>Kansas City</b> <b>MO</b> <b>64187-3808</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,761.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.434</div> Nonpriority creditor's name and mailing address <b>NPG Of Texas L.P. KVIA-TV</b> <b>KVIA-TV</b> <b>PO Box 873808</b>  <b>Kansas City</b> <b>MO</b> <b>64187-3808</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,755.95</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.435</div> Nonpriority creditor's name and mailing address <b>NRG Radio LLC</b> <b>KBBK-FM</b> <b>4343 ""O"" Street</b>  <b>Lincoln</b> <b>NE</b> <b>68510</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$394.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.436</div> Nonpriority creditor's name and mailing address <b>NRQE-TV</b> <b>Nexstar Broadcasting, Inc.</b> <b>PO Box 844304</b>  <b>Dallas</b> <b>TX</b> <b>75284-4304</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,593.63</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.437</div> Nonpriority creditor's name and mailing address <b>NW Commuications of Texas Inc</b> <b>KDFI-TV*</b> <b>P.O. Box 844824</b>  <b>Dallas TX 75284-4824</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,268.88</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.438</div> Nonpriority creditor's name and mailing address <b>NW Communcations Of Texas Inc</b> <b>KDFW-TV</b> <b>P.O. Box 844824</b>  <b>Dallas TX 75284-4824</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,975.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.439</div> Nonpriority creditor's name and mailing address <b>NW Communications of Austin Inc</b> <b>KTBC-TV</b> <b>P.O. Box 844832</b>  <b>Dallas TX 75284-4832</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,140.30</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.440</div> Nonpriority creditor's name and mailing address <b>NW Communications of Phoenix, Inc. dba</b> <b>511 West Adams street</b>  <b>Phoenix AZ 85003</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,576.95</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.441</div> Nonpriority creditor's name and mailing address <u>Ohio/Oklahoma Hearst Television, Inc.</u> <u>WLWT-TV</u> <u>PO Box 90033</u>  <u>Prescott</u> <u>AZ</u> <u>86304-9033</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,245.40</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.442</div> Nonpriority creditor's name and mailing address <u>Outfront Media Inc.</u> <u>Outfront Media LLC</u> <u>P.O. Box 33074</u>  <u>Newark</u> <u>NJ</u> <u>07188-0074</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>1</u> <u>1</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$56,790.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.443</div> Nonpriority creditor's name and mailing address <u>Pac-12 Enterprises, LLC</u> <u>Pac-Conference</u> <u>360 3rd Street, 3rd Floor</u> <u>San Francisco, CA 9417</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$44,994.75</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.444</div> Nonpriority creditor's name and mailing address <u>Pacific &amp; Southern Co Inc</u> <u>WMAZ-TV</u> <u>Gannett Co. Inc.</u> <u>P.O. Box 637386</u>  <u>Cincinnati</u> <u>OH</u> <u>45263-7386</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,257.00</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.445</div> Nonpriority creditor's name and mailing address <u>Pacific and Southern, LLC</u> <u>WTSP-TV</u> <u>PO Box 637386</u>  <u>Cincinnati</u> <u>OH</u> <u>45263-7386</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,652.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.446</div> Nonpriority creditor's name and mailing address <u>Pandora Media Inc</u> <u>25601 Network Place</u>  <u>Chicago</u> <u>IL</u> <u>60673-1256</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$253,082.38</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.447</div> Nonpriority creditor's name and mailing address <u>Pelco Prints</u> <u>Digital Media Services</u> <u>c/o Accord Financial, Inc PO Box 6704</u>  <u>Greenville</u> <u>SC</u> <u>29606</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$257.85</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.448</div> Nonpriority creditor's name and mailing address <u>Permian Basin Radio, LLC</u> <u>KQLM-FM</u> <u>1537 S Crane Ave</u>  <u>Odessa</u> <u>TX</u> <u>79763</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,961.00</u>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.449</div> Nonpriority creditor's name and mailing address <u>Phoenix Newspapers Inc</u> <u>Arizona Republic</u> <u>P.O. Box 677595</u>  <u>Dallas TX 75267-7595</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,579.60</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.450</div> Nonpriority creditor's name and mailing address <u>Pikes Peak Television Inc</u> <u>KRDO-TV</u> <u>P.O. Box 873808</u>  <u>Kansas City MO 64187</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,635.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.451</div> Nonpriority creditor's name and mailing address <u>Post Asylum</u> <u>5642 Dyer St</u>  <u>Dallas TX 75206</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,800.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.452</div> Nonpriority creditor's name and mailing address <u>Post Newsweek Stataions-San Antonio Inc</u> <u>KSAT-TV</u> <u>P.O. Box 951519</u>  <u>Dallas TX 75395-1519</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$52,667.28</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.453</div> Nonpriority creditor's name and mailing address <u>Post-Newsweek Stations Houston GP Inc.</u> <u>KPRC-TV</u> <u>P.O. Box 934721</u>  <u>Atlanta</u> <u>GA</u> <u>31193-4721</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>   </u> <u>   </u> <u>   </u> <u>   </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$110,584.58</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.454</div> Nonpriority creditor's name and mailing address <u>Preferred Office Products, Inc</u> <u>Preferred Business Solutions</u> <u>1701 W. Walnut Hill</u>  <u>Irving</u> <u>TX</u> <u>75038</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  9  </u> <u>  3  </u> <u>  2  </u> <u>  4  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$603.98</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.455</div> Nonpriority creditor's name and mailing address <u>Premier Printing of Dallas</u> <u>8607 Ambassador Ste.#190</u>  <u>Dallas</u> <u>TX</u> <u>75247</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>   </u> <u>  4  </u> <u>  9  </u> <u>  0  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$27.06</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.456</div> Nonpriority creditor's name and mailing address <u>Q-Broadcasting Corporation</u> <u>WAMA-AM</u> <u>1355 East Altamonte Drive</u>  <u>Altamonte Springs</u> <u>FL</u> <u>32701</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>   </u> <u>   </u> <u>   </u> <u>   </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,422.30</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.457</div> Nonpriority creditor's name and mailing address Radio One Inc. WFUN-FM P.O. Box 603441  Charlotte NC 28260-3441  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,488.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.458</div> Nonpriority creditor's name and mailing address Radio One Inc. WHHL-FM P.O. Box 603441  Charlotte NC 28260-3441  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,226.26
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.459</div> Nonpriority creditor's name and mailing address Radio One of Texas II, LLC KZMJ-FM 13760 Noel Road, Suite 1100  Dallas TX 75240  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,125.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.460</div> Nonpriority creditor's name and mailing address Radio One, Inc. WFXC-FM PO Box 603441  Charlotte NC 28260-3441  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,704.75

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.461</div> Nonpriority creditor's name and mailing address <b>Radio One, Inc.</b> <b>WQOK-FM</b> <b>PO Box 603441</b>  <b>Charlotte NC 28260-3441</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,779.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.462</div> Nonpriority creditor's name and mailing address <b>Radio Ranch LLC</b> <b>KRNH-FM</b> <b>3505 Fredricksburg Rd</b>  <b>Kerrville TX 78028</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,789.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.463</div> Nonpriority creditor's name and mailing address <b>Rapid Broadcasting Co</b> <b>KNBN-TV</b> <b>P.O. Box 9549</b>  <b>Rapid City SD 57709-9549</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$425.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.464</div> Nonpriority creditor's name and mailing address <b>Raycom Media</b> <b>KOLD-TV</b> <b>7831 N Business Park Dr</b>  <b>Tucson AZ 85743</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,224.50</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.465</div> Nonpriority creditor's name and mailing address <u>Raycom Media Inc</u> <u>KNIN-TV</u> <u>1866 E Chisholm</u>  <u>Nampa</u> <u>ID</u> <u>83687</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$229.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.466</div> Nonpriority creditor's name and mailing address <u>Raycom Media Inc</u> <u>KSLA TV</u> <u>1812 Fairfield Ave</u>  <u>Shreveport</u> <u>LA</u> <u>71101</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,015.30</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.467</div> Nonpriority creditor's name and mailing address <u>Raycom Media Inc</u> <u>WDAM-ABC</u> <u>2362 Highway 11</u>  <u>Moselle</u> <u>MS</u> <u>39459</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,069.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.468</div> Nonpriority creditor's name and mailing address <u>Raycom Media Inc</u> <u>WTOC-TV</u> <u>PO Box 11407 / Drawer 0244</u>  <u>Birmingham</u> <u>AL</u> <u>35246-0244</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,933.80</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.469</div> Nonpriority creditor's name and mailing address <b>Raycom Media Inc.</b> <b>WMBF-TV</b> <b>PO Box 11407 / Drawer #1522</b>  <b>Birmingham</b> <b>AL</b> <b>35246-1522</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$812.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.470</div> Nonpriority creditor's name and mailing address <b>Raycom Media Inc.</b> <b>WWBT-TV</b> <b>PO Box 11407 / Drawer 1498</b>  <b>Birmingham</b> <b>IL</b> <b>35246-1498</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,580.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.471</div> Nonpriority creditor's name and mailing address <b>Raycom Media Inc.</b> <b>WXIX-TV</b> <b>635 W 7th Street</b>  <b>Cincinnati</b> <b>OH</b> <b>45203</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,237.70</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.472</div> Nonpriority creditor's name and mailing address <b>Raycom Media, Inc.</b> <b>WLOX-TV</b> <b>Lockbx #1380 / PO Box 11407</b>  <b>Birmingham</b> <b>AL</b> <b>35246-1380</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,345.75</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.473</div> Nonpriority creditor's name and mailing address <b>Raycom Media, Inc.</b> <b>WTNZ-TV</b> <b>9000 Executive Park Dr, Bldg D Suite 300</b>  <b>Knoxville</b> <b>TN</b> <b>37923</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,914.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.474</div> Nonpriority creditor's name and mailing address <b>Raycom TV Broadcasting Inc</b> <b>KLTV-TV</b> <b>Amsouth Bank-Lockbox #1355</b> <b>P.O. Box 11407</b> <b>Birmingham</b> <b>AL</b> <b>35246-1355</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,633.22</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.475</div> Nonpriority creditor's name and mailing address <b>Raycom TV Broadcasting Inc</b> <b>KPLC-TV</b> <b>Lbox#1390</b> <b>P.O. Box 11407</b> <b>Birmingham</b> <b>AL</b> <b>35246-1390</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,137.95</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.476</div> Nonpriority creditor's name and mailing address <b>Raycom TV Broadcasting Inc</b> <b>WAFB-TV</b> <b>Drawer 0340</b> <b>P.O. Box 11407</b> <b>Birmingham</b> <b>AL</b> <b>35246-0340</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,045.70</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.477</div> Nonpriority creditor's name and mailing address <u>Raycom TV Broadcasting Inc</u> <u>WBRC-TV</u> <u>Dept. #1577</u> <u>P.O. Box 11407</u> <u>Birmingham</u> <u>AL</u> <u>35246-1577</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$19,497.30</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.478</div> Nonpriority creditor's name and mailing address <u>Raycom TV Broadcasting Inc</u> <u>WLBT-TV</u> <u>Lockbx #1375 / PO Box 11407</u> <u>Birmingham</u> <u>AL</u> <u>35246-1375</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$23,547.55</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.479</div> Nonpriority creditor's name and mailing address <u>Raycom TV Broadcasting Inc</u> <u>WMC-TV</u> <u>P.O. Box 11407</u> <u>Drawer 0422</u> <u>Birmingham</u> <u>AL</u> <u>35246-0422</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$28,503.90</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.480</div> Nonpriority creditor's name and mailing address <u>Raycom TV Broadcasting Inc</u> <u>WSFA-TV</u> <u>Amsouth Bank-Lckbx #1400</u> <u>P.O. Box 11407</u> <u>Birmingham</u> <u>AL</u> <u>35246-1400</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,399.50</u>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.481</div> Nonpriority creditor's name and mailing address <u>RCG Media, LLC</u> <u>WBFA-FM</u> <u>PO Box 5294</u>  <u>Columbus</u> <u>GA</u> <u>31906</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,414.90</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.482</div> Nonpriority creditor's name and mailing address <u>Rentrak Corporation</u> <u>NW 6135</u> <u>PO Box 1450</u>  <u>Minneapolis</u> <u>MN</u> <u>55485-6135</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,255.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.483</div> Nonpriority creditor's name and mailing address <u>RNOT, LLC.</u> <u>Retail Me Not inc.</u> <u>301 Congress Suite 700</u>  <u>Austin</u> <u>TX</u> <u>78701</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.484</div> Nonpriority creditor's name and mailing address <u>Roberts Radio Broadcasting, LLC</u> <u>WRBJ-FM</u> <u>1408 N. Kingshighway Suite 300</u>  <u>St. Louis</u> <u>MO</u> <u>63113</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,511.30</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.485</div> Nonpriority creditor's name and mailing address <b>Rocket Fuel Inc.</b> <b>PO Box 734106</b>  <b>Dallas TX 75373-4106</b>  Date or dates debt was incurred _____ Last 4 digits of account number <u>2</u> <u>5</u> <u>3</u> <u>2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79,643.28</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.486</div> Nonpriority creditor's name and mailing address <b>Sacramento Television Stations, Inc.</b> <b>KOVR-TV</b> <b>2713 KOVR Drive</b>  <b>West Sacramento CA 95605</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,300.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.487</div> Nonpriority creditor's name and mailing address <b>Sander Operating Co. II LLC</b> <b>KTVK-TV</b> <b>P.O. Box 101524</b>  <b>Pasadena CA 91189-1524</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,032.03</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.488</div> Nonpriority creditor's name and mailing address <b>Sander Operating Co. III LLC</b> <b>KGW-TV</b> <b>PO Box 101449</b>  <b>Pasadena CA 91189-1449</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,099.50</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.489</div> Nonpriority creditor's name and mailing address <b>Sangre De Cristo Communications Inc</b> <b>KOAA-TV</b> <b>2200 7th Ave</b>  <b>Pueblo</b> <b>CO</b> <b>81003</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,824.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.490</div> Nonpriority creditor's name and mailing address <b>Sarkes Tarzian Inc.</b> <b>KTVN-TV</b> <b>4925 Energy Way</b>  <b>Reno</b> <b>NV</b> <b>89502</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,609.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.491</div> Nonpriority creditor's name and mailing address <b>Scott Commuications Inc</b> <b>WJAM-FM</b> <b>P.O. Box 1150</b>  <b>Selma</b> <b>AL</b> <b>36702-1150</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$969.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.492</div> Nonpriority creditor's name and mailing address <b>Screenvision</b> <b>245 Kenneth Drive, Ste. 400</b>   <b>Rochester</b> <b>NY</b> <b>14623</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,808.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.493</div> Nonpriority creditor's name and mailing address <u>Scripps Broadcasting Holdings, LLC</u> <u>KTNV-TV Las Vegas</u> <u>PO BOX 203584</u>  <u>Dallas TX 75320-3584</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,657.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.494</div> Nonpriority creditor's name and mailing address <u>Scripps Media</u> <u>WTMJ-TV</u> <u>PO Box 203575</u>  <u>Dallas TX 75320-3575</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,320.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.495</div> Nonpriority creditor's name and mailing address <u>Scripps Media Inc</u> <u>KJRH-TV</u> <u>1088 Momentum Place</u>  <u>Chicago IL 60689-5310</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,541.36</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.496</div> Nonpriority creditor's name and mailing address <u>Scripps Media Inc</u> <u>KSHB-TV</u> <u>P.O. Box 204224</u>  <u>Dallas TX 75320-4224</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,809.05</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.497</div> Nonpriority creditor's name and mailing address <b>Scripps Media Inc.</b> <b>KMGH-TV</b> <b>P.O. Box 912582</b>  <b>Denver</b> <b>CO</b> <b>80291-2582</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,113.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.498</div> Nonpriority creditor's name and mailing address <b>Scripps Media, Inc.</b> <b>KERO-TV</b> <b>PO Box 844518</b>  <b>Los Angeles</b> <b>CA</b> <b>90084-4518</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,604.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.499</div> Nonpriority creditor's name and mailing address <b>Scripps Media, Inc.</b> <b>KGTV-TV</b> <b>PO Box 30580</b>  <b>Los Angeles</b> <b>CA</b> <b>90030-0580</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,694.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.500</div> Nonpriority creditor's name and mailing address <b>Scripps Media, Inc.</b> <b>KIVI-TV - Boise</b> <b>PO BOX 203587</b>  <b>Dallas</b> <b>TX</b> <b>75320-3587</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,250.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.501</div> Nonpriority creditor's name and mailing address <b>Scripps Media, Inc.</b> <b>KMTV-TV</b> <b>PO Box 5380</b>  <b>Cincinnati OH 45201</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,020.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.502</div> Nonpriority creditor's name and mailing address <b>Scripps Media, Inc.</b> <b>KNXV-TV</b> <b>P.O. Box 204268</b>  <b>Dallas TX 75320-4268</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,497.16</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.503</div> Nonpriority creditor's name and mailing address <b>Scripps Media, Inc.</b> <b>WCPO-TV</b> <b>PO Box 204230</b>  <b>Dallas TX 75320-4230</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,075.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.504</div> Nonpriority creditor's name and mailing address <b>Scripps Media, Inc.</b> <b>WFTS-TV</b> <b>PO Box 864913</b>  <b>Orlando FL 32886-4913</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,156.25</b>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.505</div> Nonpriority creditor's name and mailing address <u>Scripps Media, Inc.</u> <u>WMAR-TV</u> <u>PO Box 5380</u>  <u>Cincinnati</u> <u>OH</u> <u>45201</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,029.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.506</div> Nonpriority creditor's name and mailing address <u>Scripps Media, Inc.</u> <u>WOWT-TV</u> <u>P.O. Box 5380</u>  <u>Cincinnati</u> <u>OH</u> <u>45201</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,100.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.507</div> Nonpriority creditor's name and mailing address <u>Scripps Media, Inc.</u> <u>WRTV-TV</u> <u>PO Box 204252</u>  <u>Dallas</u> <u>TX</u> <u>75320-4252</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,232.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.508</div> Nonpriority creditor's name and mailing address <u>Scripps Media, Inc.</u> <u>WXYZ-TV</u> <u>PO Box 204263</u>  <u>Dallas</u> <u>TX</u> <u>75320-4263</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,503.40</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.509</div> Nonpriority creditor's name and mailing address <b>Sedza Broadcasting</b> <b>WAOS-FM La Mejor</b> <b>5815 Westside Rd</b>  <b>Austell</b> <b>GA</b> <b>30106</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,577.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.510</div> Nonpriority creditor's name and mailing address <b>Sewelltech, Inc.</b> <b>2707 N Stemmons Frwy</b> <b>Ste 175</b>  <b>Dallas</b> <b>TX</b> <b>75207</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,299.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.511</div> Nonpriority creditor's name and mailing address <b>SignAd, LTD.</b> <b>PO Box 8626</b>  <b>Houston</b> <b>TX</b> <b>77249</b>  Date or dates debt was incurred _____ Last 4 digits of account number <b>0 0 0 0</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,675.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.512</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Gr.</b> <b>KUTV-TV</b> <b>PO Box 206270</b>  <b>Dallas</b> <b>TX</b> <b>75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,282.80</b>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.513</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Gr.</b> <b>WBMA-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,296.80</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.514</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>EGXA-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$669.80</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.515</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KABB-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,859.58</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.516</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KATV-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,931.70</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.517</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KBTB-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,030.59</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.518</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KDBC-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,600.65</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.519</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KFDM-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,426.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.520</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KFOX-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,505.90</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.521</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KGBT-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,974.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.522</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KIMA-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,136.10</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.523</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KOCB-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.10</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.524</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KOKH-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,108.40</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.525</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KSNV-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,151.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.526</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KTUL-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,688.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.527</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>KTXS-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,547.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.528</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>WABM-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$425.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.529</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Sinclair Broadcast Group</b> <b>c/o WEAR-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,988.30</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.530</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Sinclair Broadcast Group</b> <b>WGXA-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,378.48</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.531</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Sinclair Broadcast Group</b> <b>WJTC</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$472.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.532</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Sinclair Broadcast Group</b> <b>WOAI-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,165.59</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.533</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>c/o WPMI-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,321.55</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.534</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group</b> <b>WZTV-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$972.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.535</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group, Inc.</b> <b>KATU-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,567.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.536</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group, Inc.</b> <b>KRNV-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,034.60</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.537</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group, Inc.</b> <b>KRXI-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$285.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.538</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group, Inc.</b> <b>WKRC-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,678.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.539</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group, Inc.</b> <b>WPDE-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,571.70</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.540</div> Nonpriority creditor's name and mailing address <b>Sinclair Broadcast Group, Inc.</b> <b>WSTR-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,377.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.541</div> Nonpriority creditor's name and mailing address <b>Sinclair Media</b> <b>KECI-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,773.95</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.542</div> Nonpriority creditor's name and mailing address <b>Sinclair Television Group, Inc.</b> <b>WDKY-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$340.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.543</div> Nonpriority creditor's name and mailing address <b>Sinclair Television Group, Inc.</b> <b>WHP-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,266.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.544</div> Nonpriority creditor's name and mailing address <b>Sinclair Television Group, Inc.</b> <b>WLOS-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,013.00</b>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.545</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Television Group, Inc.</b> <b>WMYA-TV</b> <b>10706 Beaver Dam Rd.</b>  <b>Hunt Valley</b> <b>MD</b> <b>21030</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$680.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.546</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Television Group, Inc.</b> <b>WRLH-TV</b> <b>PO Box 206270</b>  <b>Dallas</b> <b>TX</b> <b>75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.547</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Television Group, Inc.</b> <b>WSYX-TV</b> <b>10706 Beaver Dam Rd</b>  <b>Hunt Valley</b> <b>MD</b> <b>21030</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,232.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.548</b></div> Nonpriority creditor's name and mailing address <b>Sinclair Television Group, Inc.</b> <b>WTTE-TV</b> <b>PO Box 206270</b>  <b>Dallas</b> <b>TX</b> <b>75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,698.30</b>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.549</div> Nonpriority creditor's name and mailing address <u>Sinclair Television Media, Inc.</u> <u>KBOI-TV</u> <u>PO Box 206270</u>  <u>Dallas</u> <u>TX</u> <u>75320</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,381.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.550</div> Nonpriority creditor's name and mailing address <u>Sinclair Television Media, Inc.</u> <u>KOMO-TV</u> <u>PO Box 206270</u>  <u>Dallas</u> <u>TX</u> <u>75320-6270</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$18,190.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.551</div> Nonpriority creditor's name and mailing address <u>Sinclair Television of Omaha, LLC</u> <u>KHGI-TV</u> <u>P.O. Box 206270</u>  <u>Dallas</u> <u>TX</u> <u>75320-6270</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,945.70</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.552</div> Nonpriority creditor's name and mailing address <u>Sizmek Technologies Inc.</u> <u>PO Box 28246</u>  <u>New York</u> <u>NY</u> <u>10087-8246</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>5</u> <u>2</u> <u>5</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$106,759.09</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.553</div> Nonpriority creditor's name and mailing address <b>SJL of Pennsylvania, Inc.</b> <b>WICU-TV</b> <b>3514 State Street</b>  <b>Erie</b> <b>PA</b> <b>16508</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,819.90</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.554</div> Nonpriority creditor's name and mailing address <b>Slickdeals, LLC</b> <b>6010 S. Durango Dr. Suite #200</b>   <b>Las Vegas</b> <b>NV</b> <b>89113</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,000.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.555</div> Nonpriority creditor's name and mailing address <b>Southern Radio, Inc.</b> <b>XHEM-FM</b> <b>2100 Trawood</b>  <b>El Paso</b> <b>TX</b> <b>79935</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,548.90</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.556</div> Nonpriority creditor's name and mailing address <b>Southwest Outdoor Advertising Inc</b> <b>5206 McKinney Ave #204</b>   <b>Dallas</b> <b>TX</b> <b>75205</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,875.00</b>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.557</div> Nonpriority creditor's name and mailing address <u>Spanish Broadcasting System</u> <u>KXOL-FM</u> <u>7007 N.W. 77th Ave</u>  <u>Miami</u> <u>FL</u> <u>33166-2836</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>   </u> <u>   </u> <u>   </u> <u>   </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$43,365.03</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.558</div> Nonpriority creditor's name and mailing address <u>Spectrum Reach</u> <u>Charter Communications Holdings, LLC</u> <u>26683 Network Place</u>  <u>Chicago</u> <u>IL</u> <u>60673-1266</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>   </u> <u>   </u> <u>   </u> <u>   </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,550.90</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.559</div> Nonpriority creditor's name and mailing address <u>Spectrum Reach</u> <u>Charter Communications Holdings, LLC</u> <u>PO Box 26684</u>  <u>Tampa</u> <u>FL</u> <u>33623-6684</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  3  </u> <u>  0  </u> <u>  7  </u> <u>  6  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$51,969.85</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.560</div> Nonpriority creditor's name and mailing address <u>Spectrum Reach - El Paso</u> <u>Charter Communications Holdings, LLC</u> <u>26683 Network Place</u>  <u>Chicago</u> <u>IL</u> <u>60673</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>   </u> <u>   </u> <u>   </u> <u>   </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,506.45</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.561</div> Nonpriority creditor's name and mailing address <u>Spectrum Reach - Erie</u> <u>Charter Communications Holdings, LLC</u> <u>PO Box 27908</u>  <u>New York</u> <u>NY</u> <u>10087</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>9</u> <u>9</u> <u>3</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,033.20</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.562</div> Nonpriority creditor's name and mailing address <u>Starchannel Communications LLC</u> <u>XERV-TV</u> <u>4909 N. McColl Road</u>  <u>Mcallen</u> <u>TX</u> <u>78504</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,560.05</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.563</div> Nonpriority creditor's name and mailing address <u>Station Venture Operations, LP</u> <u>KNSD-TV</u> <u>PO BOX 402971- CFS Lockbox</u>  <u>Atlanta</u> <u>GA</u> <u>30384-2971</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,840.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.564</div> Nonpriority creditor's name and mailing address <u>Stations Group, LLC</u> <u>KVDF-TV</u> <u>700 N Central Ave #300</u>  <u>Glendale</u> <u>CA</u> <u>91203</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,980.50</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.565</div> Nonpriority creditor's name and mailing address <b>Strata Marketing, Inc.</b> <b>23608 Network Place</b>  <b>Chicago</b> <b>IL</b> <b>60673-1236</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,440.82</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.566</div> Nonpriority creditor's name and mailing address <b>Studio 205, Inc.</b> <b>8 East Claiborne Street</b>  <b>Monroeville</b> <b>AL</b> <b>36460</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.567</div> Nonpriority creditor's name and mailing address <b>Swearingen Realty Services, L.L.C.</b> <b>5950 Berkshire Lane, Suite 500</b> <b>Att: Accounting Dept.</b>  <b>Dallas</b> <b>TX</b> <b>75225</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$950.83</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.568</div> Nonpriority creditor's name and mailing address <b>Tejas Broadcasting Ltd LLP</b> <b>KMJR-FM</b> <b>1227 W. Magnolia Ave. Suite 300</b>  <b>Fort Worth</b> <b>TX</b> <b>76104-4400</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,800.75</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.569</div> Nonpriority creditor's name and mailing address <b>Tejas Broadcasting, LTD.,LLP</b> <b>KZIP-FM</b> <b>1227 W. Magnolia Ave. Suite 300</b>  <b>Fort Worth TX 76014-4400</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$943.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.570</div> Nonpriority creditor's name and mailing address <b>Telefutura Television Group</b> <b>KSTR-TV</b> <b>2323 Bryan St. Ste 1900</b>  <b>Dallas TX 75201</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,785.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.571</div> Nonpriority creditor's name and mailing address <b>Telefutura Television Group Inc</b> <b>KNIC-TV</b> <b>P.O. Box 460847</b>  <b>Houston TX 77056</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$680.42</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.572</div> Nonpriority creditor's name and mailing address <b>Telesouth Communications</b> <b>WTNM-FM</b> <b>PO Box 1077</b>  <b>Oxford MS 38655</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,715.45</b>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.573</div> Nonpriority creditor's name and mailing address <u>TeleSouth Communications Inc.</u> <u>WFMM-FM</u> <u>6311 Ridgewood Road</u>  <u>Jackson</u> <u>MS</u> <u>39211</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,750.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.574</div> Nonpriority creditor's name and mailing address <u>TeleSouth Communications Inc.</u> <u>WOSM-FM</u> <u>P.O. Box 1919</u>  <u>Ocean Springs</u> <u>MS</u> <u>39566</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,360.08</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.575</div> Nonpriority creditor's name and mailing address <u>Television Wisconsin, Inc.</u> <u>WISC-TV</u> <u>7025 Raymond Road</u>  <u>Madison</u> <u>WI</u> <u>53719</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,635.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.576</div> Nonpriority creditor's name and mailing address <u>The Carrizo Springs</u> <u>P.O. Box 1046</u>  <u>Carrizo Springs</u> <u>TX</u> <u>78834</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$500.00</u>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.577</div> Nonpriority creditor's name and mailing address <b>The Dart Group Inc.</b> <b>Dart Outdoor Advertising*</b> <b>12730 Cranes Mill</b>  <b>San Antonio TX 78230</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.578</div> Nonpriority creditor's name and mailing address <b>The Selma News</b> <b>P.O. Box 611</b>  <b>Selma AL 36702-0611</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,797.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.579</div> Nonpriority creditor's name and mailing address <b>The Tennis Channel, Inc.</b> <b>KBAK-TV</b> <b>PO Box 206270</b>  <b>Dallas TX 75320-6270</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$242.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.580</div> Nonpriority creditor's name and mailing address <b>Thomas Broadcasting Co</b> <b>WOAY-TV</b> <b>P.O. Box 3001</b>  <b>Oak Hill WV 25901</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$499.80</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.581</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Ticket Spicket, LLC</b> <b>7447 Grape Holly Lane</b>  <b>Roanoke</b> <b>VA</b> <b>24018</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,840.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.582</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable</b> <b>Time Warner Cable Mcallen</b> <b>Rio Grand Valley</b> <b>26683 Network Place</b> <b>Chicago</b> <b>IL</b> <b>60673-1266</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,937.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.583</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Townsquare Media LLC</b> <b>KQBR-FM</b> <b>PO Box 301650</b>  <b>Dallas</b> <b>TX</b> <b>75303-1650</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,264.80</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.584</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Townsquare Media Odessa/Midland II, LLC</b> <b>KNFM-FM</b> <b>PO Box 731933-1933</b>  <b>Dallas</b> <b>TX</b> <b>75373</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,808.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.585</div> Nonpriority creditor's name and mailing address Townsquare Media Odessa/Midland II, LLC KZBT-FM PO Box 731933-1933 _____ Dallas TX 75373-1933 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,193.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.586</div> Nonpriority creditor's name and mailing address Townsquare Media W Central Radio Brd LLC KJMH-FM P.O. Box 730984 _____ Dallas TX 75373-0984 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,741.75
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.587</div> Nonpriority creditor's name and mailing address Townsquare Media, LLC KFMX-FM P.O. Box 301650 _____ Dallas TX 75303-1650 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,026.80
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.588</div> Nonpriority creditor's name and mailing address Townsquare Media, LLC KZII-FM P.O. Box 301650 _____ Dallas TX 75303-1650 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,106.70

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.589</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Tribune Broadcasting</b> <b>KDAF-TV</b> <b>P.O. Box 843987</b>  <b>Dallas TX 75284-3987</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,616.33</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.590</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Tribune Broadcasting Company II, LLC</b> <b>KSTU-TV</b> <b>PO Box 59750</b>  <b>Los Angeles CA 90074-9750</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,981.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.591</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Tribune Broadcasting Company, LLC</b> <b>WTVR-TV</b> <b>PO Box 417876</b>  <b>Boston MA 02241-7876</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,638.80</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.592</b></div> <b>Nonpriority creditor's name and mailing address</b> <b>Tribune Broadcasting II, LLC</b> <b>WNEP-TV</b> <b>435 N. Michigan Ave</b>  <b>Chicago IL 60611</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,211.80</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.593</div> Nonpriority creditor's name and mailing address <b>Tribune Broadcasting II, LLC</b> <b>WREG-TV</b> <b>32851 Collection Center Dr.</b>  <b>Chicago</b> <b>IL</b> <b>60693-0328</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,100.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.594</div> Nonpriority creditor's name and mailing address <b>Tribune Broadcasting Oklahoma City, LLC</b> <b>KFOR-TV</b> <b>PO Box 847369</b>  <b>Dallas</b> <b>TX</b> <b>75284-7369</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,063.30</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.595</div> Nonpriority creditor's name and mailing address <b>Tribune Company</b> <b>KCPQ-TV</b> <b>PO Box 742111</b>  <b>Los Angeles</b> <b>CA</b> <b>90074-2111</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,847.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.596</div> Nonpriority creditor's name and mailing address <b>Tribune Media Company</b> <b>KSWB-TV</b> <b>P.O. Box 749011</b>  <b>Los Angeles</b> <b>CA</b> <b>90074-9011</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,461.70</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.597</div> Nonpriority creditor's name and mailing address <u>Tribune Media Company</u> <u>WPMT-TV</u> <u>435 N. Michigan Ave.</u>  <u>Chicago</u> <u>IL</u> <u>60611</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$897.60</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.598</div> Nonpriority creditor's name and mailing address <u>Tribune Media Company &amp; Subsidiaries</u> <u>WITI-TV</u> <u>32848 Collection Center Drive</u>  <u>Chicago</u> <u>IL</u> <u>60693-0328</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,222.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.599</div> Nonpriority creditor's name and mailing address <u>Tribune Media Company &amp; Subsidiaries</u> <u>WJW-TV</u> <u>32849 Collection Center Drive</u>  <u>Chicago</u> <u>IL</u> <u>60693-0328</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,205.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.600</div> Nonpriority creditor's name and mailing address <u>Tribune Media Company &amp; Subsidiaries</u> <u>WQAD-TV</u> <u>32850 Collection Center Drive</u>  <u>Chicago</u> <u>IL</u> <u>60693-3028</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,365.10</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.601</div> Nonpriority creditor's name and mailing address <b>Tribune Media Company &amp; Subsidiaries</b> <b>KTLA-TV</b> <b>PO Box 11155</b>  <b>Los Angeles</b> <b>CA</b> <b>90074-1155</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$165,835.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.602</div> Nonpriority creditor's name and mailing address <b>Tribune Media Company &amp; Subsidiaries</b> <b>WXIN-TV</b> <b>16779 Collections Center Drive</b>  <b>Chicago</b> <b>IL</b> <b>60693</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,360.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.603</div> Nonpriority creditor's name and mailing address <b>Tribune Real Estate Holdings LLC</b> <b>KFSM-TV</b> <b>P.O. Box 847296</b>  <b>Dallas</b> <b>TX</b> <b>75284-7296</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,785.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.604</div> Nonpriority creditor's name and mailing address <b>Tribune Television New Orleans Inc</b> <b>WGNO-TV</b> <b>P.O. Box 741053</b>  <b>Atlanta</b> <b>GA</b> <b>30374</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,934.60</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.605</div> Nonpriority creditor's name and mailing address <b>Tribune Television New Orleans Inc</b> <b>WNOL-TV</b> <b>P.O. Box 741053</b>  <b>Atlanta</b> <b>GA</b> <b>30384</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$684.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.606</div> Nonpriority creditor's name and mailing address <b>TTBG Houston Op Co LLC</b> <b>KUBE-TV</b> <b>2401 Fountain View Drive</b> <b>Suite 300</b> <b>Houston</b> <b>TX</b> <b>77057</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,225.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.607</div> Nonpriority creditor's name and mailing address <b>TTWN Media Networks LLC</b> <b>Total Traffic</b> <b>20880 Stone Oak Pkwy</b>  <b>San Antonio</b> <b>TX</b> <b>78258</b>  Date or dates debt was incurred _____ Last 4 digits of account number <b>3 2 8 6</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89,059.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.608</div> Nonpriority creditor's name and mailing address <b>TubeMogul, Inc.</b> <b>1250 53rd Street</b> <b>Ste 1</b> <b>Emeryville, CA</b>  Date or dates debt was incurred _____ Last 4 digits of account number <b>8 3 1 9</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$316,953.71</b>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.609</b></div> Nonpriority creditor's name and mailing address <b>Union Springs Herald LLC</b> <b>324 Ellis Street</b>  <b>Union Springs</b> <b>AL</b> <b>36089</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$721.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.610</b></div> Nonpriority creditor's name and mailing address <b>Uniradio Corp.</b> <b>XHTY-FM</b> <b>5030 Camino De La Siesta, Ste #403</b>  <b>San Diego</b> <b>CA</b> <b>92108</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,234.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.611</b></div> Nonpriority creditor's name and mailing address <b>United Communications Corporation</b> <b>KEYC-TV</b> <b>PO Box 128</b>  <b>Mankato</b> <b>MN</b> <b>56002</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,725.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.612</b></div> Nonpriority creditor's name and mailing address <b>Univision Communications Inc</b> <b>PO Box 740719</b>  <b>Los Angeles</b> <b>CA</b> <b>90074-0719</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$154,204.45</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.613</div> Nonpriority creditor's name and mailing address <u>Univision Radio Broadcasting Texas LP</u> <u>KGBT-FM</u> <u>200 S 10th St.#600</u>  <u>McAllen</u> <u>TX</u> <u>78501</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,300.47</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.614</div> Nonpriority creditor's name and mailing address <u>Univision Radio Broadcasting Texas LP</u> <u>KLJA-FM</u> <u>2233 W. North Loop Blvd.</u>  <u>Austin</u> <u>TX</u> <u>78756</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,649.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.615</div> Nonpriority creditor's name and mailing address <u>Univision Radio Broadcasting Texas LP</u> <u>KROM-FM</u> <u>P.O. Box 460748</u>  <u>Houston</u> <u>TX</u> <u>77056</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$29,478.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.616</div> Nonpriority creditor's name and mailing address <u>Univision Radio Broadcasting Texas, L.P.</u> <u>KLQB-FM</u> <u>PO Box 460588</u>  <u>Houston</u> <u>TX</u> <u>77056</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,946.50</u>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.617</div> Nonpriority creditor's name and mailing address Univision Radio Broadcasting Texas, LP KLTN-FM PO Box 460688  Houston TX 77056  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,993.95
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.618</div> Nonpriority creditor's name and mailing address Univision Radio Broadcasting Texas, LP KOVE-FM PO Box 460688  Houston TX 77056  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,779.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.619</div> Nonpriority creditor's name and mailing address Univision Radio Broadcasting Texas, LP KXTN-FM P.O. Box 460748  Houston TX 77056  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,996.80
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.620</div> Nonpriority creditor's name and mailing address Univision Radio Florida, LLC WRTO - FM P.O. Box 228236  Miami FL 33222  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,025.30

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.621</div> Nonpriority creditor's name and mailing address _____ <b>Univision Radio LA, INC</b> _____ <b>KLVE-FM</b> _____ <b>P.O. Box 452148</b> _____ _____ <b>Los Angeles</b> <b>CA</b> <b>90048</b> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,770.85</b> _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.622</div> Nonpriority creditor's name and mailing address _____ <b>Univision Radio LA, INC</b> _____ <b>KSCA-FM</b> _____ <b>P.O. Box 452148</b> _____ _____ <b>Los Angeles</b> <b>CA</b> <b>90045</b> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,875.00</b> _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.623</div> Nonpriority creditor's name and mailing address _____ <b>Univision Radio TX LP</b> _____ <b>KBTQ-FM*</b> _____ <b>P.O. Box 460708</b> _____ _____ <b>Houston</b> <b>TX</b> <b>77056</b> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,146.75</b> _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.624</div> Nonpriority creditor's name and mailing address _____ <b>Univision Receivables Co.</b> _____ <b>KFTH-TV</b> _____ <b>P.O. Box 740719</b> _____ _____ <b>Los Angeles</b> <b>CA</b> <b>90074-0719</b> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$993.44</b> _____

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.625</div> Nonpriority creditor's name and mailing address <b>Univision Receivables Co.</b> <b>KXLN-TV</b> <b>P.O. Box 740719</b>  <b>Los Angeles</b> <b>CA</b> <b>90074-0719</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47,333.32</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.626</div> Nonpriority creditor's name and mailing address <b>Univision Receivables Co. LLC</b> <b>WAMR-FM</b> <b>P.O. Box 740721</b>  <b>Los Angeles</b> <b>CA</b> <b>90074-0721</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,560.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.627</div> Nonpriority creditor's name and mailing address <b>Univision Receivables Company LLC</b> <b>KLNO-FM</b> <b>P.O. Box 460607</b>  <b>Houston</b> <b>TX</b> <b>77056</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99,284.68</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.628</div> Nonpriority creditor's name and mailing address <b>Urban Radio Broadcasting LLC</b> <b>WACR-FM</b> <b>608 Yellow Jacket Drive</b>  <b>Starkville</b> <b>MS</b> <b>39759</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,810.50</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.629</b></div> Nonpriority creditor's name and mailing address <b>Urban Radio of Mississippi LLC</b> <b>WJMI-FM</b> <b>731 S Pear Orchard Rd #27</b>  <b>Ridgeland MS 39157-4800</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,434.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.630</b></div> Nonpriority creditor's name and mailing address <b>Urban Radio Of Mississippi LLC</b> <b>WKXI-FM</b> <b>731 S. Pear Orchard #27</b>  <b>Ridgeland MS 39157</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,026.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.631</b></div> Nonpriority creditor's name and mailing address <b>USTN</b> <b>United States Traffic Network LLC</b> <b>P.O. Box 639181</b>  <b>Cincinnati OH 45263-9181</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,761.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>3.632</b></div> Nonpriority creditor's name and mailing address <b>UVN Texas LP</b> <b>KUVN-TV</b> <b>2323 Bryan St.</b> <b>Ste. 1900</b>  <b>Dallas TX 75201</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,707.50</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.633</div> Nonpriority creditor's name and mailing address <u>UVN Texas LP</u> <u>KWEX-TV</u> <u>P.O. Box 460847</u>  <u>Houston TX 77056</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$19,233.38</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.634</div> Nonpriority creditor's name and mailing address <u>Vail Daily</u> <u>Colorado Mountain News Media</u> <u>PO Box 1888</u>  <u>Carson City NV 89701-1888</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,878.64</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.635</div> Nonpriority creditor's name and mailing address <u>Valassis Direct Mail Inc</u> <u>File 70179</u>  <u>Los Angeles CA 90074-0179</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>1 7 3 1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,093,452.49</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.636</div> Nonpriority creditor's name and mailing address <u>ValuDirect, LLC</u> <u>6 Way Road</u> <u>Middlefield, CT 6455</u>   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$75,256.17</u>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.637</div> Nonpriority creditor's name and mailing address <b>Viamedia Inc.</b> <b>7796 Solution Center</b>  <b>Chicago</b> <b>IL</b> <b>60677-7007</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$488.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.638</div> Nonpriority creditor's name and mailing address <b>VideolIndiana, Inc.</b> <b>WTHR-TV</b> <b>Dept. L-2380</b>  <b>Columbus</b> <b>OH</b> <b>43260-2380</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,927.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.639</div> Nonpriority creditor's name and mailing address <b>Viva Media LLC</b> <b>KBEX-FM</b> <b>500 S. Polk Suite 110</b>  <b>Amarillo</b> <b>TX</b> <b>79101</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,615.24</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.640</div> Nonpriority creditor's name and mailing address <b>WBNS-TV</b> <b>770 Twin Rivers Drive</b>  <b>Columbus</b> <b>OH</b> <b>43215</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,447.20</b>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.641</div> Nonpriority creditor's name and mailing address <b>WCHK-AM</b> <b>1176 Satellite Blvd., Ste. 200</b>   <b>Suwanee</b> <b>GA</b> <b>30024</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,957.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.642</div> Nonpriority creditor's name and mailing address <b>WDAF-TV *</b> <b>32846 Collection Center Drive</b>   <b>Chicago</b> <b>IL</b> <b>60693-0328</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,996.20</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.643</div> Nonpriority creditor's name and mailing address <b>WDJT-TV Limited Partnership</b> <b>WDJT-TV</b> <b>26 N. Halsted</b>   <b>Chicago</b> <b>IL</b> <b>60661</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,432.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.644</div> Nonpriority creditor's name and mailing address <b>WEWS-TV</b> <b>Scripps Media, Inc.</b> <b>PO Box 5380</b>   <b>Cincinnati</b> <b>OH</b> <b>45201</b> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,165.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.645</div> Nonpriority creditor's name and mailing address <b>WFAA TV Inc</b> <b>Dept 730045</b> <b>P.O. Box 660919</b>  <b>Dallas TX 75266-0919</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$201,229.43</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.646</div> Nonpriority creditor's name and mailing address <b>WFTV, Inc.</b> <b>WFTV-TV</b> <b>PO Box 809615</b>  <b>Chicago IL 60680-9615</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,837.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.647</div> Nonpriority creditor's name and mailing address <b>WGAL Hearst Television, Inc.</b> <b>WGAL-TV</b> <b>PO Box 90030</b>  <b>Prescott AZ 86304-9030</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,569.10</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.648</div> Nonpriority creditor's name and mailing address <b>WGBC-TV, LLC</b> <b>EGBC-TV (Fox 30)</b> <b>1151 Crestview Circle</b>  <b>Meridian MS 39301-8669</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47.60</b>

Debtor **The Levenson Group, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.649</div> Nonpriority creditor's name and mailing address <b>WGBC-TV, LLC</b> <b>1151 Crestview Circle</b>   <b>Meridian MS 39301-8669</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,373.30</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.650</div> Nonpriority creditor's name and mailing address <b>WGNL-FM</b> <b>P.O. Box 1801</b>   <b>Greenwood MS 38935</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,650.40</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.651</div> Nonpriority creditor's name and mailing address <b>WGTU-TV</b> <b>10706 Beaver Dam Rd</b>   <b>Cockeysville MD 21030</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$408.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.652</div> Nonpriority creditor's name and mailing address <b>Wick Communications</b> <b>Wick Communications</b> <b>Attn: Missy Bosley</b> <b>333 W. Wilcox Dr. #302</b> <b>Sierra Vista AZ 85635</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,176.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.653</div> Nonpriority creditor's name and mailing address <b>Wilkerson Publishing Co., Inc.</b> <b>114 E Goodwin</b>   <b>Pleasanton TX 78064</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$835.38</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.654</div> Nonpriority creditor's name and mailing address <b>Williams-Grand Canyon News</b> <b>Navajo-Hopi Observer</b> <b>8307 E. Hwy 69 Ste #B</b>   <b>Prescott Valley AZ 86314</b>  Date or dates debt was incurred _____ Last 4 digits of account number <b>0 8 7 9</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.96</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.655</div> Nonpriority creditor's name and mailing address <b>WJZD Inc</b> <b>WJZD-FM</b> <b>P.O. Box 6216</b>   <b>Gulfport MS 39506</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.656</div> Nonpriority creditor's name and mailing address <b>WKRG - TV</b> <b>P.O. Box 403911</b>   <b>Atlanta GA 30384-3911</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,365.15</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.657</div> Nonpriority creditor's name and mailing address <b>WKYC-TV, LLC</b> <b>WKYC-TV</b> <b>PO Box 637386</b>  <b>Cincinnati OH 45263-7386</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,391.35</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.658</div> Nonpriority creditor's name and mailing address <b>WLEX Communications, LLC</b> <b>WLEX-TV</b> <b>PO Box 1457</b>  <b>Lexington KY 40588</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,514.45</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.659</div> Nonpriority creditor's name and mailing address <b>WLKQ-FM</b> <b>1176 Satellite Blvd., Ste. 200</b>    <b>Suwanee GA 30024</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,552.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.660</div> Nonpriority creditor's name and mailing address <b>WLS Television Inc.</b> <b>WLS-TV</b> <b>PO Box 732384 / Attn: WLS-505</b>   <b>Dallas TX 75373-2384</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,930.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.661</div> Nonpriority creditor's name and mailing address <b>WMYM-AM</b> <b>Actualidad Media Group</b> <b>2090 NW 79 Ave</b>  <b>Doral</b> <b>FL</b> <b>33122</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,778.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.662</div> Nonpriority creditor's name and mailing address <b>Woods Communications Corp</b> <b>WCOV-TV</b> <b>P.O. Box 250045</b>  <b>Montgomery</b> <b>AL</b> <b>36125-0045</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$711.45</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.663</div> Nonpriority creditor's name and mailing address <b>WQUE FM</b> <b>WQUE FM</b> <b>P.O. Box 402544</b>  <b>Atlanta</b> <b>GA</b> <b>30349-2544</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,461.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.664</div> Nonpriority creditor's name and mailing address <b>WRAL-TV</b> <b>PO Box 60904</b>  <b>Charlotte</b> <b>NC</b> <b>28260</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,120.00</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.665</div> Nonpriority creditor's name and mailing address <b>WRAZ-TV</b> <b>WRAZ-TV - Accounting Department</b> <b>PO Box 60928</b>  <b>Charlotte NC 28260</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,027.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.666</div> Nonpriority creditor's name and mailing address <b>WRBO-FM</b> <b>Cumulus - Memphis, TN</b> <b>3644 Momentum Place</b>  <b>Chicago IL 60689-5336</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,849.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.667</div> Nonpriority creditor's name and mailing address <b>WREX Television LLC</b> <b>WREX-TV</b> <b>PO Box 1001</b>  <b>Quincy IL 62306</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,337.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.668</div> Nonpriority creditor's name and mailing address <b>WREY-FM</b> <b>PO Box 25130</b>  <b>St. Paul MN 55125</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,990.05</b>

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.669</div> Nonpriority creditor's name and mailing address <u>WSKQ-FM</u> <u>Radio Soleil Inc.</u> <u>1622 Nostrand Avenue</u>  <u>Brooklyn</u> <u>NY</u> <u>11226</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,700.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.670</div> Nonpriority creditor's name and mailing address <u>WSMH, Inc.</u> <u>WWMT-TV</u> <u>10706 Beaver Dam Rd.</u>  <u>Cockeysville</u> <u>MD</u> <u>21030</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,625.25</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.671</div> Nonpriority creditor's name and mailing address <u>WTVD Television, LLC</u> <u>WTVD-TV</u> <u>PO Box 732384 / Attn: WTVD-707</u>  <u>Dallas</u> <u>TX</u> <u>75373-2384</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,753.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.672</div> Nonpriority creditor's name and mailing address <u>WTVQ-TV, LLC</u> <u>WTVQ-TV</u> <u>PO Box 55590</u>  <u>Lexington</u> <u>KY</u> <u>40555</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$467.50</u>



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.673</div> Nonpriority creditor's name and mailing address <b>WURN-AM</b> <b>Actualidad Media Group</b> <b>2090 NW 79 Ave</b>  <b>Doral</b> <b>FL</b> <b>33122</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,210.51</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.674</div> Nonpriority creditor's name and mailing address <b>WUSA-TV, Inc.</b> <b>WUSA-TV</b> <b>PO Box 637386</b>  <b>Cincinnati</b> <b>OH</b> <b>45263-7386</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,484.60</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.675</div> Nonpriority creditor's name and mailing address <b>WVTM Hearst Television Inc</b> <b>WVTM-TV</b> <b>P.O. Box 90012</b>  <b>Prescott</b> <b>AZ</b> <b>86304-9012</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,572.25</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.676</div> Nonpriority creditor's name and mailing address <b>WVVA Television, Inc</b> <b>WVVA-TV</b> <b>PO Box 1001</b>  <b>Quincy</b> <b>IL</b> <b>62306-1001</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,436.50</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.677</div> Nonpriority creditor's name and mailing address <b>WWL-TV Inc</b> <b>Dept 730041</b> <b>P.O. Box 660919</b>  <b>Dallas TX 75266-0919</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,620.10</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.678</div> Nonpriority creditor's name and mailing address <b>WWTV-TV</b> <b>WWTV-TV</b> <b>1 Broadcast Way</b>  <b>Cadillac MI 49601</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,516.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.679</div> Nonpriority creditor's name and mailing address <b>WYFF-TV/Hearst Television Inc</b> <b>505 Rutherford Street</b>  <b>Greenville SC 29609</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,633.75</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.680</div> Nonpriority creditor's name and mailing address <b>WYLD FM</b> <b>P.O. Box 402544</b>  <b>Atlanta GA 30349-2544</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,816.35</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.681</div> Nonpriority creditor's name and mailing address <b>WZTU-FM</b> <b>iHeartMedia Entertainment</b> <b>PO Box 406372</b>  <b>Atlanta</b> <b>GA</b> <b>30384-6372</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,842.50</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.682</div> Nonpriority creditor's name and mailing address <b>xAd, Inc.</b> <b>dba GroundTruth</b> <b>Dept LA 23812</b>  <b>Pasadena</b> <b>CA</b> <b>91185-3812</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$166,274.97</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.683</div> Nonpriority creditor's name and mailing address <b>XEWT-TV</b> <b>TV de Los Mochis, S.A. de C.V.</b> <b>P.O. Box 434537</b>  <b>San Diego</b> <b>CA</b> <b>92143-4537</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,307.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.684</div> Nonpriority creditor's name and mailing address <b>XHRR-FM</b> <b>Dept. 204</b> <b>P.O. Box 4458</b>  <b>Houston</b> <b>TX</b> <b>77210-4458</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,382.45</b>

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.685</div> Nonpriority creditor's name and mailing address <b>Yelp, Inc.</b> <b>P.O. Box 204393</b>   <b>Dallas TX 75320-4393</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,578.49</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.686</div> Nonpriority creditor's name and mailing address <b>YuMe, Inc.</b> <b>Dept CH 16422</b>   <b>Palatine IL 60055-6422</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$64,477.74</b>

Debtor The Levenson Group, Inc. Case number (if known) \_\_\_\_\_**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$0.005b. Total claims from Part 2 5b. + \$11,438,700.955c. Total of Parts 1 and 2 5c. \$11,438,700.95  
Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**Debtor name The Levenson Group, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number \_\_\_\_\_ Chapter 7  
(if known)☐ Check if this is an amended filing

## Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Janitorial Service Contract to be REJECTED	ABM Janitorial Services PO Box 419860
	State the term remaining		
	List the contract number of any government contract		Boston MA 02241
2.2	State what the contract or lease is for and the nature of the debtor's interest	Software Contract to be REJECTED	Adobe Systems 345 Park Avenue
	State the term remaining		
	List the contract number of any government contract		San Jose CA 95110
2.3	State what the contract or lease is for and the nature of the debtor's interest	Accounting Software Contract to be REJECTED	Advantage Software Co. 119 Backstretch Lane
	State the term remaining		
	List the contract number of any government contract		Mooresville NC 28117
2.4	State what the contract or lease is for and the nature of the debtor's interest	Telephone service Contract to be REJECTED	Birch Communications Box 51341
	State the term remaining		
	List the contract number of any government contract		Los Angeles CA 90051

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest	Copy Equipment Contract to be REJECTED	Canon Financial Service 14904 Collection Center
	State the term remaining		
	List the contract number of any government contract		Chicago IL 60693
2.6	State what the contract or lease is for and the nature of the debtor's interest	Coke Dispenser Contract to be REJECTED	Coca Cola Southwest Beverages, LLC PO Box 744010
	State the term remaining		
	List the contract number of any government contract		Atlanta GA 30384
2.7	State what the contract or lease is for and the nature of the debtor's interest	Business Lease Contract to be REJECTED	Dallas 2100 Ross, LP
	State the term remaining		
	List the contract number of any government contract		
2.8	State what the contract or lease is for and the nature of the debtor's interest	Laser Printer Equipment Contract to be REJECTED	Datamax Inc. PO Box 2235
	State the term remaining		
	List the contract number of any government contract		St. Louis MO 63109
2.9	State what the contract or lease is for and the nature of the debtor's interest	Work Flow Software Contract to be REJECTED	Extreme Reach Inc. 28540 Network Place
	State the term remaining		
	List the contract number of any government contract		Chicago IL 60673

Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10	State what the contract or lease is for and the nature of the debtor's interest	Insurance Finance Corp Contract to be REJECTED	IPFS Corporations PO Box 730223
	State the term remaining		
	List the contract number of any government contract		Dallas TX 75373
2.11	State what the contract or lease is for and the nature of the debtor's interest	File Secure Storage Contract to be REJECTED	Iron Mountain Info Management PO Box 915004
	State the term remaining		
	List the contract number of any government contract		Dallas TX 75391
2.12	State what the contract or lease is for and the nature of the debtor's interest	Consulting Services Contract to be REJECTED	It's Plein Air Agency, LLC 2540 El Cerrito Drive
	State the term remaining		
	List the contract number of any government contract		Dallas TX 75228
2.13	State what the contract or lease is for and the nature of the debtor's interest	Media Resource Contract to be REJECTED	Kantar Media - Competitive Media Report PO Box 7247-9301
	State the term remaining		
	List the contract number of any government contract		Philadelphia PA 19170
2.14	State what the contract or lease is for and the nature of the debtor's interest	Social Media Contract to be REJECTED	Linkedin Corporation 62228 Collection Center Drive
	State the term remaining		
	List the contract number of any government contract		Chicago IL 60693



Debtor **The Levenson Group, Inc.**

Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.15	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Public Relation Software Contract to be REJECTED	Meltwater News US, Inc. Dept LA 23721   Pasadena CA 91185
2.16	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Email Storage Services Contract to be REJECTED	Microsoft Subscription One Microsoft Way   Redmond WA 98052
2.17	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Telephone Services Contract to be REJECTED	Momentum Telecom, Inc. 29361 Network Place   Chicago IL 60673
2.18	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Rating Services Contract to be REJECTED	Nielsen Audio, Inc. PO Box 3228   Carol Stream IL 60132
2.19	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Coffee Dispenser Contract to be REJECTED	Parks Coffee PO Box 110209   Carrollton TX 75011

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.20	State what the contract or lease is for and the nature of the debtor's interest	Digital Storage Contract to be REJECTED	Pelco Prints - Digital Media Services c/o Accord Financial, Inc. PO Box 6704
	State the term remaining		
	List the contract number of any government contract		Greenville SC 29606
2.21	State what the contract or lease is for and the nature of the debtor's interest	Postage Machine Contract to be REJECTED	Pitney Bowes, Inc. PO Box 371874
	State the term remaining		
	List the contract number of any government contract		Pittsburgh PA 15250
2.22	State what the contract or lease is for and the nature of the debtor's interest	Plant Services Contract to be REJECTED	Plant Interscapes 6436 Babcock Road
	State the term remaining		
	List the contract number of any government contract		San Antonio TX 78249
2.23	State what the contract or lease is for and the nature of the debtor's interest	Office Supplies Contract to be REJECTED	Preferred Business Solutions 1701 W. Walnut Hill
	State the term remaining		
	List the contract number of any government contract		Irving TX 75038
2.24	State what the contract or lease is for and the nature of the debtor's interest	Data Storage Contract to be REJECTED	Rackspace 1 Financial Place City of Windcrest
	State the term remaining		
	List the contract number of any government contract		San Antonio TX 78218

Debtor The Levenson Group, Inc.

Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.25	State what the contract or lease is for and the nature of the debtor's interest	Media Rating Service Contract to be ASSUMED	Rentrak NW 6135 PO Box 1450
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	Minneapolis MN 55485
2.26	State what the contract or lease is for and the nature of the debtor's interest	Computer Consulting Services Contract to be REJECTED	Sewelltech, Inc. 2707 N. Stemmons Fwy., Suite 175
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	Dallas TX 75207
2.27	State what the contract or lease is for and the nature of the debtor's interest	Secondary Research Service Contract to be REJECTED	Simmons Research, LLC PO Box 392180
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	Pittsburgh PA 15251
2.28	State what the contract or lease is for and the nature of the debtor's interest	Media Research Contract to be REJECTED	SQAD Media Tools 303 S. Broadway, Suite 130
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	Tarrytown NY 10591
2.29	State what the contract or lease is for and the nature of the debtor's interest	Media Accounting Software Contract to be REJECTED	Strata Marketing, Inc. 23608 Network Place
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	Chicago IL 60673

Debtor The Levenson Group, Inc. Case number (if known) \_\_\_\_\_**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.30	State what the contract or lease is for and the nature of the debtor's interest	Media Planning Tool Contract to be REJECTED	Telmar USA Corp 711 Third Ave.
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	New York NY 10017

**Fill in this information to identify the case:**Debtor name The Levenson Group, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_☐ Check if this is an  
amended filingOfficial Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing address****Name***Check all schedules  
that apply:*

**Fill in this information to identify the case:**Debtor Name The Levenson Group, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... **\$0.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... **\$1,800,175.32****1c. Total of all property**Copy line 92 from Schedule A/B..... **\$1,800,175.32****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$0.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$11,438,700.95****4. Total liabilities**Lines 2 + 3a + 3b..... **\$11,438,700.95**

**Fill in this information to identify the case and this filing:**Debtor Name The Levenson Group, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/06/2018  
MM / DD / YYYY

**X /s/ Faithe Nicholson**

\_\_\_\_\_  
Signature of individual signing on behalf of debtor

**Faithe Nicholson**

\_\_\_\_\_  
Printed name

**Executive Vice President and CFO**

\_\_\_\_\_  
Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name The Levenson Group, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply.Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2018 to  
MM/DD/YYYY

Filing date

☒ Operating a business  
☐ Other \_\_\_\_\_\$4,060,255.00

For prior year:

From 01/01/2017 to  
MM/DD/YYYY12/31/2017  
MM/DD/YYYY☒ Operating a business  
☐ Other \_\_\_\_\_\$5,260,175.00

For the year before that:

From 01/01/2016 to  
MM/DD/YYYY12/31/2016  
MM/DD/YYYY☒ Operating a business  
☐ Other \_\_\_\_\_\$5,378,015.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address

Dates

Total amount or value

Reasons for payment or transfer  
Check all that apply**3.1. See Attachment #2**

Creditor's name

Street

City

State

ZIP Code

☐ Secured debt  
☐ Unsecured loan repayments  
☐ Suppliers or vendors  
☐ Services  
☐ Other \_\_\_\_\_



Debtor **The Levenson Group, Inc.**  
Name

Case number (if known)

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.	<b>Andrew Harmon</b> Insider's name <b>7005 Wester Way</b> Street  <b>Dallas TX 75248</b> City State ZIP Code	<b>Within the last year</b>	<b>\$328,581.51</b>	<b>Wages</b>
4.2.	<b>Faith Nicholson</b> Insider's name <b>509 Katie Court</b> Street  <b>Seagoville TX 75159</b> City State ZIP Code	<b>Within the last year</b>	<b>\$210,087.21</b>	<b>Wages</b>
4.3.	<b>Tracy Nelson</b> Insider's name Street  City State ZIP Code	<b>Within the last year</b>	<b>\$62,176.25</b>	<b>Wages</b>
4.4.	<b>Shelia Gillaspie</b> Insider's name Street  City State ZIP Code	<b>Within the last year</b>	<b>\$30,524.47</b>	<b>Wages</b>

Debtor **The Levenson Group, Inc.** Case number (if known) \_\_\_\_\_  
 Name

	<b>Insider's name and address</b>	<b>Dates</b>	<b>Total amount or value</b>	<b>Reasons for payment or transfer</b>
4.5.	<b>Susan Clarke</b> Insider's name	<b>Within the last year</b>	<b>\$99,800.76</b>	<b>Wages</b>
	Street			
	City State ZIP Code			
	<b>Relationship to debtor</b>			
	<b>SVP - Former Shareholder</b>			

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☐ None

	<b>Case title</b>	<b>Nature of case</b>	<b>Court or agency's name and address</b>	<b>Status of case</b>
7.1.	<b>Cajun Operating Company dba Church's Chicken vs. The Levenson Group, LLC</b>	<b>Breach of the Master Agency Agreement</b>	<b>U.S. District Court Northern District of Georgia</b> Name <b>2211 United State Courthouse</b> Street <b>75 Ted Turner Drive, SW</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	<b>Case number</b> <b>1:18-cv-5360</b>		<b>Atlanta GA 30303-3309</b> City State ZIP Code	

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Debtor **The Levenson Group, Inc.** Case number (if known) \_\_\_\_\_  
 Name

#### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

#### Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

#### Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1.	<b>Law Office of Areya Holder, P.C.</b>		<b>11/2/2018</b>	<b>\$7,165.00</b>
	<b>Address</b>			
	<b>800 W Airport Freeway, Suite 540</b>			
	Street			
	<b>Irving TX 75062</b>			
	City State ZIP Code			
	<b>Email or website address</b>			
	<b>Who made the payment, if not debtor?</b>			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Debtor **The Levenson Group, Inc.**  
Name

Case number (if known)

**13. Transfers not already listed on this statement**

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None**Who received transfer?****Description of property transferred  
or payments received or debts paid  
in exchange****Date transfer  
was made****Total amount  
or value****13.1. See Attachment #3****Address**

Street

City

State

ZIP Code

**Relationship to debtor****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☒ No.☐ Yes. State the nature of the information collected and retained

Does the debtor have a privacy policy about that information?

☐ No.☐ Yes.

Debtor **The Levenson Group, Inc.** Case number (if known) \_\_\_\_\_  
 Name

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?  
     ☒ No. Go to Part 10.  
     ☐ Yes. Fill in below:

### Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<b>Iron Mountain</b> Name		<b>Document Storage</b>	<input type="checkbox"/> No
Street	Address		<input checked="" type="checkbox"/> Yes
<b>Dallas</b> City	<b>TX</b> State ZIP Code		

### Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **The Levenson Group, Inc.**  
Name

Case number (if known)

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

- ☒ No  
☐ Yes. Provide details below.

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Provide details below.

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Provide details below.

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

	<b>Business name and address</b>	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
25.1.	<b>Levenson &amp; Hill, LLC</b> Name <b>2100 Ross Avenue</b> Street  <b>Dallas TX 75201</b> City State ZIP Code	<b>Advertising</b>	EIN: <u>0</u> <u>4</u> - <u>3</u> <u>7</u> <u>8</u> <u>9</u> <u>0</u> <u>4</u> <u>2</u>  <b>Dates business existed</b> From <u>April 1984</u> To <u>Present</u>
25.2.	<b>Levenson &amp; Brinker Public Relations</b> Name <b>2100 Ross Avenue</b> Street  <b>Dallas TX 75201</b> City State ZIP Code	<b>Public Relations</b>	EIN: <u>0</u> <u>2</u> - <u>0</u> <u>7</u> <u>1</u> <u>9</u> <u>8</u> <u>9</u> <u>1</u>  <b>Dates business existed</b> From <u>March 2014</u> To <u>Present</u>

Debtor **The Levenson Group, Inc.** Case number (if known) \_\_\_\_\_  
 Name

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address		Dates of service	
26a.1.	<b>Faithe Nicholson</b>	From _____	To _____
	Name		
	<b>509 Katie Court</b>		
	Street		
	_____		
	<b>Seagoville</b>	<b>TX</b>	<b>75195</b>
	City	State	ZIP Code

Name and address		Dates of service	
26a.2.	<b>Frank Burns</b>	From _____	To _____
	Name		
	<b>Carr Riggs &amp; Ingram CPA</b>		
	Street		
	<b>12801 N Central Expy, Ste 1500</b>		
	_____		
	<b>Dallas</b>	<b>TX</b>	<b>75243</b>
	City	State	ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Dates of service	
26b.1.	<b>Texas Comptroller</b>	From _____	To _____
	Name		
	<b>Justin Thompson, Sales Tax Auditor</b>		
	Street		
	<b>9221 Lyndon B. Johnson, Suite 200</b>		
	_____		
	<b>Dallas</b>	<b>TX</b>	<b>75243</b>
	City	State	ZIP Code

Name and address		Dates of service	
26b.2.	<b>Carr, Riggs &amp; Ingram CPA</b>	From _____	To _____
	Name		
	<b>12801 N Central Expy, Ste 1500</b>		
	Street		
	_____		
	<b>Dallas</b>	<b>TX</b>	<b>75243</b>
	City	State	ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Debtor **The Levenson Group, Inc.** Case number (if known) \_\_\_\_\_  
 Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No.

☐ Yes. Give the details about the two most recent inventories.

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Andrew Harmon	7005 Wester Way Dallas, TX 75248	President and CEO	48.8113%
Faith Nicholson	509 Katie Court Seagoville, TX 75159	Executive Vice President and CFO	48.8113%

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Susan Clarke		SVP	From <u>4/1984</u> To <u>10/2018</u>
Alison Bell		Vice President	From <u>2014</u> To <u>8/2018</u>
Melissa Renner		Vice President	From <u>2014</u> To <u>10/2018</u>
Twyna Scott		Vice President	From <u>2014</u> To <u>10/2018</u>

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

**30.1. See #4 listed above**

Name

Street

City

State ZIP Code

Relationship to debtor



Debtor The Levenson Group, Inc. Case number (if known) \_\_\_\_\_  
Name

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

#### Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/06/2018  
MM / DD / YYYY

**X /s/ Faithe Nicholson**  
Signature of individual signing on behalf of the debtor

Printed name Faithe Nicholson

Position or relationship to debtor Executive Vice President and CFO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No  
☒ Yes

## ATTACHMENT #2

<u>Creditor Name</u>	<u>Date of Payment</u>	<u>Total Paid</u>	<u>Amount Still Owing</u>
5280 Publishing, Inc.	08-Nov-18	\$ 7,153.00	\$ 2,100.00
Ashley Hess	29-Oct-18	\$ 7,278.07	\$ -
Clear Channel Outdoor	06-Nov-18	\$ 86,675.00	\$ 528,051.00
Comcast Spotlight*-Colorado	08-Nov-18	\$ 59,511.17	\$ 87,383.36
Dallas 2100 Ross, LP	13-Nov-18	\$ 82,836.00	\$ 1.00
Delaney Smith	29-Oct-18	\$ 8,863.85	\$ -
Facebook Inc.	06-Nov-18	\$ 40,118.21	\$ 439,814.32
Grandesign Advertising Firm, I	25-Sep-18	\$ 6,750.30	\$ 100.00
Holder Law	14-Nov-18	\$ 10,000.00	\$ -
Hulu, LLC	08-Nov-18	\$ 40,417.91	\$ 36,035.19
It's Plein Air Agency LLC	02-Nov-18	\$ 31,970.00	\$ 1.00
John R. Ames	13-Nov-18	\$ 7,511.14	\$ -
KCNC-TV**	08-Nov-18	\$ 15,682.50	\$ 19,779.50
KDFW-TV*	09-Nov-18	\$ 14,535.00	\$ 36,975.00
KDVR-TV	08-Nov-18	\$ 9,758.00	\$ 17,573.75
Kline & Kline	14-Nov-18	\$ 24,862.50	\$ -
KMGH-TV	08-Nov-18	\$ 33,584.35	\$ 45,113.75
KMJK-FM	02-Oct-18	\$ 9,962.00	\$ 16,898.00
KOB-TV**	02-Oct-18	\$ 6,737.95	\$ 26,498.75
KTVD-TV	08-Nov-18	\$ 10,181.30	\$ 4,866.25
KUSA-TV****	08-Nov-18	\$ 20,527.50	\$ 14,832.50
KWGN-TV	08-Nov-18	\$ 7,199.50	\$ 19,210.00
Lamar Companies	23-Oct-18	\$ 100,906.00	\$ 261,545.57
Legion Adverting LLC	25-Oct-18	\$ 194,886.53	\$ -
MSpark	25-Sep-18	\$ 140,629.82	\$ 420,478.99
National Media Delivery	09-Nov-18	\$ 35,018.11	\$ 60,823.52
Orchestrate HR, Inc.	15-Nov-18	\$ 94,190.44	\$ -
Principal Financial Group	03-Dec-18	\$ 33,217.59	\$ -
Rentrak Corporation	21-Sep-18	\$ 6,751.98	\$ 1.00
Simmons Research LLC	21-Sep-18	\$ 8,701.23	\$ -
Spectrum Reach	04-Oct-18	\$ 61,379.35	\$ 51,969.85
Susan Jacobs Inc	12-Oct-18	\$ 17,342.04	\$ -
Triadex Services	07-Nov-18	\$ 7,332.94	\$ -
Valassis	11-Oct-18	\$ 408,641.69	\$ 1,093,452.49
ValuDirect, LLC	09-Nov-18	\$ 23,717.10	\$ 75,256.17
WEDR-FM	15-Oct-18	\$ 6,766.00	\$ 13,778.50

## ATTACHMENT #3

Tranferee	Date	Property Description	Value
Jeffery Mallace	11/17/2018	2 Chairs & Ottoman Danish Modern	\$450.00
Andrew Harmon	11/20/2018	Office Executive Chair	\$45.99
Andrew Harmon	11/20/2018	Apple MacBook Pro 15" Mid 2012	\$299.17
Susan Clarke	10/25/2018	Humanscale Freedom Chair	\$340.29
Tiffany Blankenship	11/16/2018	Dell Latitude 8 GM RAM 500GB HDD	\$91.00
Tiffany Blankenship	11/16/2018	Dell Latitude E6440 14" Laptop	\$85.00
Tiffany Blankenship	11/16/2018	Dell E2013H 20 LED LCD Monitor	\$34.99
Tracye Nelson	11/20/2018	Dell Latitude E6440 14" Laptop	\$85.00
Esther Lafuente	11/20/2018	GE Profile Refrigerator	\$365.00
Esther Lafuente	11/20/2018	GE Microwave Oven	\$74.99
Esther Lafuente	11/20/2018	Antique Dining Table Distressed	\$217.95
Esther Lafuente	11/20/2018	2 Drw File Cabinet	\$25.00
Faithe Nicholson	11/20/2018	Dell Precision M3800 Core i7-4712HQ	\$121.00

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

In re **The Levenson Group, Inc.**

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u><b>\$7,165.00</b></u>
Prior to the filing of this statement I have received.....	<u><b>\$7,165.00</b></u>
Balance Due.....	<u><b>\$0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**12/06/2018**

*Date*

**/s/ Areya Holder Aurzada**

*Areya Holder Aurzada*  
Law Office of Areya Holder, P.C.  
901 Main Street, Suite 5320  
Dallas, TX 75202  
Phone: (972) 438-8800

Bar No. 24002303

**/s/ Faithe Nicholson**

**Faithe Nicholson**  
**Executive Vice President and CFO**

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

IN RE: **The Levenson Group, Inc.**

CASE NO

CHAPTER **7**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 12/6/2018

Signature /s/ Faithe Nicholson  
*Faithe Nicholson*  
*Executive Vice President and CFO*

Date \_\_\_\_\_

Signature \_\_\_\_\_

21st Century Fox America, Inc.  
KTTV-TV  
16440 Collection Center Drive  
Chicago, IL 60693

5280 Publishing, Inc.  
1515 Wazee Street, Suite 400  
Denver, CO 80202

A&G Advertising, LLC.  
P.O. Box 2533  
Douglas, AZ 85608

ABC Inc.  
WPVI-TV  
PO Box 732384 Attn: WPVI-606  
Dallas, TX 75373-2384

ABM Janitorial Services  
PO Box 419860  
Boston, MA 02241

ABM Janitorial Services - South Central  
ABM  
PO Box 419860  
Boston, MA 02241-9860

Adobe Systems  
345 Park Avenue  
San Jose, CA 95110

Advantage Software Co.  
119 Backstretch Lane  
 Mooresville, NC 28117

AGM - Nevada LLC  
KKSS-FM  
8009 Marble Avenue NE  
Albuquerque, NM 87110

AGM - Nevada, LLC  
KLVO-FM  
8009 Marble Avenue NE  
Albuquerque, NM 87110

Alabama Media Group  
2201 4th Ave  
Birmingham, AL 35203

Alabama Telecaster Inc.  
WAKA-TV  
100 Interstate Park Drive, Ste 120  
Montgomery, AL 36109

Alpha Media LLC  
KBTE-FM  
#33 Briercroft Office Park  
Lubbock, TX 79412-3020

Alpha Media LLC  
KSAH-FM  
4050 Eisenhower Rd  
San Antonio, TX 78218

Alpha Media LLC  
WIIL-FM  
8500 Green Bay Road  
Pleasant Praire, WI 53158

Alpha Media, LLC  
KLLL-FM  
#33 Briercroft Office Park  
Lubbock, TX 79412-3020

American Spirit Media LLC  
WDBD-TV  
715 South Jefferson Street  
Jackson, MS 39201

Apple Valley Broadcasting  
KAPP-TV  
PO Box 749907  
Los Angeles, CA 90074-9907



Arkansas Hearst Television Inc  
KHBS-TV  
2809 Ajax Ave, Suite 200  
Rogers, AR 72758

Arkansas Televison Company  
KTHV-TV  
Dep P.O. Box 637386  
Cincinnati, OH 45263-7386

Attorney General of Texas  
Collections Division Bankruptcy Section  
PO Box 12548  
Austin, TX 78711-2548

Beasley FM Acquisition  
Beasley FM Acquisition  
9721 Executive Center Drive #200  
St. Petersburg, FL 33702

Belo TV Inc.  
WUPL-TV Dept 730041  
P.O. Box 660919  
Dallas, TX 75266-0919

Big Ten Network, LLC  
BTN  
14743 Collection Center Dr  
Chicago, IL 60693

Birch Communications  
Box 51341  
Los Angeles, CA 90051

Bonneville International Corporation  
KSL-TV  
PO Box 26245  
Salt Lake City, UT 84126-0245

Brazos Valley Communications Ltd  
KBXT-FM  
P.O. Box 3069  
Bryan, TX 77805

Brazos Valley Communications Ltd  
KORA-FM  
P O Box 3069  
Bryan, TX 77805

Bryan Broadcasting Corporation  
KNDE-FM  
P.O. Box 3248  
Bryan, TX 77805

Cable One Inc  
Greenwood MS  
1635 Popps Ferry Rd  
Biloxi, MS 39532

Cable One-Biloxi MS  
1635 Popps Ferry Rd  
Biloxi, MS 39532

Cablemas Telecomunicaciones, S.A. De C.V  
511 E. San Ysidro Blvd #1732  
San Ysidro, CA 92173

Cajun Operating Company dba  
Church's Chicken  
c/o Caiola & Rose, LLC  
150 E. Ponce de Leon Ave., Suite 410  
Decatur, GA 30030

CALA Broadcast  
WNBD-TV  
837 Washington Avenue  
Greenville, MS 38701

Canon Financial Service  
14904 Collection Center  
Chicago, IL 60693

Capstar Operating Company  
WHLH-FM  
P.O. Box 847572  
Dallas, TX 75284-7572

Capstar Radio Operating Co  
KTEX-FM  
P.O. Box 847572  
Dallas, TX 75284-7572

Capstar Radio Operating Co.  
KKMY-FM  
PO Box 847489  
Dallas, TX 75284-7489

Capstar Radio Operating Co.  
WCJM-FM  
PO Box 406372  
Atlanta, GA 30384-6372

Capstar Radio Operating Company  
KBFM-FM  
P.O. Box 847572  
Dallas, TX 75284-7572

Capstar Radio Operating Company  
KQBT-FM  
PO Box 847572  
Dallas, TX 75284-7572

Caribbean Media Group, Inc.  
WVIP-FM  
1 Cross Island Plaza, Ste 224  
Rosedale, NY 11422

Carter Broadcast Group Inc  
KPRS-FM  
11131 Colorado Ave  
Kansas City, MO 64137

CBS Broadcasting Inc.  
KCBS-TV  
PO Box 100729  
Pasadena, CA 91189-0729

CBS Broadcasting, Inc.  
KPIX-TV  
PO Box 33091  
Newark, NJ 07188-0091

CBS Corporation  
WJZ-TV  
PO Box 33091  
Newark, NJ 07188-0091

CBS Inc  
KCNC-TV  
21249 Network Place  
Chicago, IL 60673-1249

CBS Inc  
KTVT-TV  
P.O. Box 730457  
Dallas, TX 75373-0457

CBS Inc  
KTXA-TV  
P.O. Box 730206  
Dallas, TX 75373-0206

CBS Radio Media Corp  
WCCO-AM  
625 Second Avenue South, Suite 200  
Minneapolis, MN 55402

CBS Radio Stations Inc.  
KLOL-FM  
P.O. Box 730844  
Dallas, TX 75373-0844

CBS Radio Texas Inc  
KMKV-FM  
P.O. Box 730224  
Dallas, TX 75373-0224

CBS Television Stations Group  
WCCO-TV  
21253 Network Place  
Chicago, IL 60673-1253

Cebridge Acquisition LP  
Suddenlink Media  
P.O. Box 951391  
Dallas, TX 75395

Centex Television Ltd Partnership  
KXXV-TV  
Dept# 2664  
P.O. Box 11407  
Birmingham, AL 35246-2664

Charter Communications Holdings, LLC  
Spectrum Reach-Buffalo  
PO Box 27908  
New York, NY 10087

Charter Communications Holdings, LLC  
Spectrum Reach - St Louis  
PO Box 957926  
St. Louis, MO 63195-7926

Charter Communications Holdings, LLC  
Spectrum Reach  
PO Box 101366  
Pasadena, CA 91189-0005

Charter Communications-St. Louis  
P.O. Box 957926  
St. Louis, MO 63195

Chesapeake Media I, LLC  
WPBN-TV  
10706 Beaver Dam Rd  
Cockeysville, MD 21030

Circle Graphics Inc  
P.O. Box 561047  
Denver, CO 80256-1047

Citadel Broadcasting Co  
KQXL-FM  
631 Main Street  
Baton Rouge, LA 70801

Citadel Broadcasting Co  
WEMX-FM  
631 Main Street  
Baton Rouge, LA 70801

Citadel Broadcasting Company  
KIPR-FM  
3643 Momentum Place  
Chicago, IL 60689-5336

Citadel Broadcasting Company  
KKND-FM  
3648 Momentum Place  
Chicago, IL 60689-5336

Citadel Broadcasting Company  
KLAL-FM  
P.O. Box 645133  
Cincinnati, OH 45264-5133

Citadel Broadcasting Company  
KMEZ-FM  
3648 Momentum Place  
Chicago, IL 60689-5336

Citadel Communications LLC  
KLKN-TV  
3240 South 10th Street  
Lincoln, NE 68502

Citicasters Co  
WBZY-FM  
20880 Stone Oak Parkway  
San Antonio, TX 78258

Citicasters Co.  
KATZ-FM  
3964 Collection Center Dr.  
Chicago, IL 60693-0039

Citicasters Co.  
KTBZ-FM  
P. O. Box 847572  
Dallas, TX 75284-7572

Citicasters Co.  
WRUB-FM  
PO Box 406372  
Atlanta, GA 3384-6372

Clear Channel  
Seattle  
P.O. Box 742025  
Los Angeles, CA 90074-2025

Clear Channel Broadcasting  
KPEZ-FM  
P.O. Box 847117  
Dallas, TX 75284

Clear Channel Broadcasting Inc  
KJMS-FM  
P.O. Box 406372  
Atlanta, GA 30384-6372

Clear Channel Broadcasting Inc  
WHRK-FM  
P.O. Box 406372  
Atlanta, GA 30384-6372

Clear Channel Broadcasting Inc  
WOWI-FM  
P.O. Box 402650  
Atlanta, GA 30384-2650

Clear Channel Outdoor  
3700 E Randoll Mill Road  
Arlington, TX 76011

Clear Channel Outdoor  
P.O. Box 402379  
Atlanta, GA 30384-2379

Clear Channel Outdoor  
P.O. Box 847247  
Dallas, TX 75284-7247

Clear Channel Outdoor Inc  
P.O. Box 847247  
Dallas, TX 75284-7247

CMP KC Corp  
KMJK-FM  
3671 Momentum Place  
Chicago, IL 60689-5336

Coca Cola Southwest Beverages, LLC  
PO Box 744010  
Atlanta, GA 30384

Comcast Holdings Corporation  
Comcast Spotlight-Baltimore  
P.O. Box 415949  
Boston, MA 02241-5949

Comcast Holdings Corporation  
Comcast Spotlight-San Francisco  
P.O. Box 742637  
Los Angeles, CA 90074

Comcast Spotlight  
Colorado  
P.O. Box 742637  
Los Angeles, CA 90074-2637

Comcast Spotlight  
P.O. Box 100447  
Laurel/Hattiesburg  
Atlanta, GA 30384-0447

Comcast Spotlight  
Panama City  
1720 Windward Concourse Suite 400  
Alpharetta, GA 30005

Comcast Spotlight  
Washington  
P.O. Box 415949  
Boston, MA 02241-5949

Comcast Spotlight-Indianapolis  
12964 Collection Center Dr  
Chicago, IL 60693



Comcorp of Louisiana Inc  
KADN-TV  
1500 Eraste Landry Rd  
Lafayette, LA 70506

Comcorp of Louisiana, Inc.  
KLAF-TV  
PO Box 60205  
Lafayette, LA 70596-0205

Commonwealth Broadcasting Group Inc.  
EABG-TV  
P.O. Box 1243  
Greenville, MS 38702

Commonwealth Broadcasting Group Inc.  
WABG-TV  
P.O. Box 1243  
Greenville, MS 38702

Community Television of Colorado LLC  
KDVR-TV  
PO Box 59743  
Los Angeles, CA 90074

Competitive Media Report  
Kantar Media Intelligence  
P.O. Box 7247-9301  
Philadelphia, PA 19170-9301

Corridor Television LLP  
KCWX-TV  
4414 Centerview Dr #264  
San Antonio, TX 78228

Cowles Montana Media Company  
KTMF-TV  
PO Box 600  
Spokane, WA 99210

Cowles Montana Media Company  
KULR-TV  
PO Box 600  
Spokane, WA 99210

Cox Media Group Northeast, LLC  
WHBQ-TV  
PO Box 83293  
Chicago, IL 60691-0293

Cox Radio, Inc.  
WCFB-FM  
PO Box 83197  
Chicago, IL 60691-0197

Cox Radio, Inc.  
WEDR-FM  
PO Box 83196  
Chicago, IL 60691-0196

Cox Radio, Inc.  
WHQT-FM  
PO Box 83196  
Chicago, IL 60691-0196

Cox Radio, Inc.  
WPUP-FM  
PO Box 83190  
Chicago, IL 60691-0190

Cumulus Broadcasting  
WMXU-FM  
Cumulus Columbus-Starkville  
3596 Momentum Place  
Chicago, IL 60689-5336

Cumulus Broadcasting LLC  
WNBM-FM  
2 Pennsylvania Plaza - 17th Floor  
New York, NY 10121

Cumulus Media Inc.  
KQXY-FM  
3591 Momentum Place  
Chicago, IL 60689-5335

Cumulus Media Inc. & Subsidiaries  
KTCX-FM  
3591 Momentum Place  
Chicago, IL 60689-5335

Cumulus Radio Corp  
KYKZ-FM  
3609 Momentum Place  
Chicago, IL 60689-5336

Cumulus Radio Corp  
WCTO-FM  
3630 Momentum Place  
Chicago, IL 60689-5336

Cumulus Radio Corporation  
KDRF-FM  
3629 Momentum Place  
Chicago, IL 60689-5336

Cumulus Radio Corporation  
KKOB-FM  
3629 Momentum Place  
Chicago, IL 60689-5336

Cumulus Radio Corporation  
KRST-FM  
3629 Momentum Place  
Chicago, IL 60689-5336

D&B Signs LLC  
P.O. BOX 909  
Tri State Outdoor Adv.  
Dewey, AZ 86327

Dallas 2100 Ross, LP

Datamax Inc.  
PO Box 2235  
St. Louis, MO 63109

Davis & Gilbert Inc\*  
1740 Broadway  
3rd Fl.  
New York, NY 10019

Davis Broadcasting Inc.  
WFXE-FM  
P.O. Box 1998  
Columbus, GA 31902

Delta Democrat Times  
P.O. Box 1618  
Greenville, MS 38701

Denver Hotel Magazine LLC  
104 Broadway, Ste 200  
Denver, CO 80203

Denver Metro Convention &Visitors Bureau  
Visit Denver  
1555 California Street, Suite 300  
Denver, CO 80202

Dowdy & Dowdy Partnership  
WZKX-FM  
PO Box 2639  
Gulfport, MS 39505

Durden Outdoor Displays, Inc.  
Dept #5245 PO Box 2153  
Birmingham, AL 35287-5245

El Rey Publishing  
Zavala County Sentinel  
202E Nueces St.  
Crystal City, TX 78839

Elite Media Group LLC  
Lindmark Outdoor Media  
2700 Technology Place  
Norman, OK 73071

Emmis Austin Radio  
KBPA-FM  
P.O. Box 731488  
Dallas, TX 75373-1488

Emmis Austin Radio  
KLBJ-FM  
P.O. Box 731488  
Dallas, TX 75373-1488

Emmis Austin Radio Broadcasting  
KGSR-FM  
P.O. Box 731488  
Dallas, TX 75373-1488

Emmis Austin Radio Broadcasting Co, LP  
KLZT-FM  
P.O. Box 731488  
Dallas, TX 75373-1488

Emmis Austin Radio Broadcasting Co, LP  
KROX-FM  
8309 North IH 35  
Austin, TX 78753

EMX Digital, LLC  
229 W 43rd St.  
New York, NY 10036

Entercom Communications Corp  
KAMX-FM  
4301 Westbank Dr B-300  
Austin, TX 78746

Entercom Communications Corp  
KKMJ-FM  
4301 Westbank Dr B-300  
Austin, TX 78746

Entercom Communications Corp  
WQMG-FM  
7819 National Service Road Suite 401  
Greensboro, NC 27409

Entercom Norfolk LLC  
WVKL-FM  
236 Clearfield Ave. Ste. 206  
Virginia Beach, VA 23462

Entravision Communications Corp  
KBNT-TV  
P.O. Box 51868  
Los Angeles, CA 90051-6168

Entravision Communications Corp Texas LP  
KORO-TV  
P.O. Box 2667  
Corpus Christi, TX 78403

Entravision Communications Corporation  
DBA / Entravision Solutions  
5700 Wilshire Blvd., Ste 250  
Los Angeles, CA 90036

Entravision Communications Corporation  
KCBA-TV  
PO Box 39000 - Dept 34872  
San Francisco, CA 94139

Entravision Communications Corporation  
KDTF-TV  
5770 Ruffin Road  
San Diego, CA 92123

Entravision Communications Corporation  
KJMN-FM  
PO Box 911919  
Denver, CO 95-4783236

Entravision Communications Corporation  
KMIR-TV  
PO Box 843564  
Los Angeles, CA 90084-3564

Entravision Communications Corporation  
KXPK-FM  
PO Box 911919  
Denver, CO 80291-1919

Entravision Communications Corporation  
WNUE-FM  
PO Box 864765  
Orlando, FL 32886

Entravision Communications Corporation  
XHAS-TV  
5770 Ruffin Road  
San Diego, CA 92123

Entravision Communications Inc  
KLUZ-TV  
P.O. Box 53058  
Phoenix, AZ 85072-3058

Entravision Communications Inc.  
KTFQ-TV  
P.O. Box 53058  
Phoenix, AZ 85072-3058

Entravision Texas  
KINT-FM  
P.O. Box 201976  
Dallas, TX 75320-1976

Entravision Texas  
KYSE-FM  
El Paso  
P.O. Box 201976  
Dallas, TX 75320-1976

Entravision Texas Limited Partnership  
KLDO-TV  
P.O. Box 203535  
Dallas, TX 75320-3535

Entravision Texas Ltd  
KFRQ-FM  
P.O. Box 203541  
Dallas, TX 75320

Entravision Texas Ltd  
KFXV-TV  
P.O. Box 203541  
Dallas, TX 75320

Entravision Texas Ltd  
KKPS-FM  
P.O. Box 203541  
Dallas, TX 75320

Entravision Texas Ltd  
KNVO-TV  
P.O. Box 203541  
Dallas, TX 75320

Entravision Texas Ltd  
KVLY-FM  
P.O. Box 203541  
Dallas, TX 75320

Entravison Texas  
KINT-TV  
P.O. Box 201976  
Dallas, TX 75320-1976

Entravision Texas Limited Partnership  
KXOF-TV  
P.O. Box 203535  
Dallas, TX 75320-3535

Environics Analytics Inc.  
Dept 3761  
PO Box 123761  
Dallas, TX 75312-3761

eTargetMedia.com, LLC  
6810 Lyons Technology Circle  
Ste 160  
Coconut Creek, FL 33073

Extreme Reach Inc.  
28540 Network Place  
Chicago, IL 60673

Extreme Reach, Inc.  
28540 Network Place  
Chicago, IL 60673-1285

Facebook Inc.  
15161 Collection Center Dr  
ATTN: Accounts Receivable  
Chicago, IL 60693



Fairway Outdoor Funding LLC  
Fairway Outdoor Funding  
P.O. Box 60125  
Charlotte, NC 28260

Federal Express Corporation  
P.O. Box 660481  
Dallas, TX 75266-0481

Fox Television Stations Inc  
KRIV-TV  
3733 Collection Center Dr  
Chicago, IL 60693

Fredricksburg Publishing Co Inc  
Fredricksburg Standard  
P.O. Box 1639  
Fredricksburg, TX 78624

Freedom Newspapers Southwestern AZ Inc  
Yuma Shopper (Freedom)  
P.O. Box 271  
Yuma, AZ 85366-0271

Gallup Independent  
P.O. Box 1210  
Acct #248 Churchs  
Gallup, NM 87305

Gannett Company, Inc  
KCEN-TV  
P.O. Box 660919  
Dept 730056  
Dallas, TX 75266-0919

Gannett MHC Media, Inc.  
Pensacola News Journal  
P.O.Box 677590  
Dallas, TX 75267-7590

Gannett Pacific LLC  
WBIR-TV  
PO BOX 637386  
Cincinnati, OH 45263-7386

Gas Buddy  
77 N Washington Street  
4th Floor  
Boston, MA 2114

Georgia Television Inc  
WSB-TV  
P O Box 809036  
Chicago, IL 60680-9036

Google Inc.  
Dept. 33654  
PO Box 39000  
San Francisco, CA 94139

Graham Media Group Michigan, Inc.  
WDIV-TV  
PO Box 788355  
Philadelphia, PA 19178-8355

Graham Media Group, Orlando, Inc.  
WKMG-TV  
PO Box 864255  
Orlando, Fl 32886-4255

Grandesign Advertising Firm, Inc.  
Grandesign Media Servies  
PO Box 840331  
Dallas, TX 75284-0331

Gray Television Group Inc  
KKTU-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group Inc  
KOLN-TV  
4370 Peachtree Rd., NE, Ste. 400  
Atlanta, GA 30319

Gray Television Group Inc  
KSPR-TV  
4370 Peachtree Rd., NE, Ste 400  
Atlanta, GA 30319

Gray Television Group Inc  
KWTX-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
KEVN-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
KFYR-TV  
4370 Peachtree Rd. NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
KGNS-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
KGWN-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
KOLO-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
KOSA-TV  
4370 Peachtree Rd, NE, Ste. 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
KOTA-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
KSCW-TV  
P.O. Box 14200  
Tallahassee, FL 32317-4200

Gray Television Group, Inc.  
KWCH-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
KYLX-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
KYTV-TV  
4370 Peachtree Rd., NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
NGNS-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
OGNS-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
WCAX-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
WDTV-TV  
4370 Peachtree Rd., NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
WECP-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
WIFR-TV  
PO Box 14200  
Tallahassee, FL 32317-4200

Gray Television Group, Inc.  
WJHG-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
WKYT-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
WMTV-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
WTOK-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Gray Television Group, Inc.  
WVLT-TV  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

Griffin Television OKC LLC  
KWTW-TV  
P.O. Box 960042  
Oklahoma City, OK 73196-0042

Griffin Television Tulsa II LLC  
KQCW-TV  
303 North Boston  
Tulsa, OK 74103

Griffin Television Tulsa LLC  
KOTV-TV  
303 North Boston  
Tulsa, OK 74103

H Code Media, Inc.  
PO Box 203823  
Dallas, TX 75320-3823

HBC Solutions Inc div of Gores Broadcast  
Imagine Communications  
P.O. Box 732107  
Dallas, TX 75373-2107

Headrick Outdoor Media Inc  
One Freedom Square  
Laurel, MS 39440-3367

Hearst Properties Inc  
KETV-TV  
1001 So. 10th Street  
Omaha, NE 68108

Hearst Stations, Inc.  
KSBW-TV  
PO Box 90022  
Prescott, AZ 86304-9022

Hearst Stations, Inc.  
WISN-TV  
PO Box 90031  
Prescott, AZ 86304-9031

Hearst Stations, Inc.  
WPTZ-TV  
5 Televison Drive  
Plattsburgh, NY 12901

Hearst Television  
KCRA-TV  
3 Television Circle  
Sacramento, CA 95814

Hearst Television Inc  
KOAT-TV  
P.O. Box 90020  
Prescott, AZ 86304-9020

Hearst Television Inc.  
WAPT-TV  
P.O. Box 90023  
Prescott, AZ 86304-9023

Hill Country Savings Magazine  
Lynda Oatman  
226 Outland Drive  
Harper, TX 78631

Hispanic Indoor Media, Inc.  
5547 Main Street  
Williamsville, NY 14221

Holladay Broadcasting  
KRVV-FM  
P.O. Box 4808  
Monroe, LA 71211-4808

Houston Chronicle-Church's  
801 Texas Ave  
Houston, TX 77002

Hubbard Broadcasting, Inc.  
KOB-TV  
P.O. Box 840422  
Dallas, TX 75284-0422

Hubbard Broadcasting, Inc.  
KSTP-TV  
3415 University Ave.  
Saint Paul, MN 55114

Hubbard Broadcasting, Inc.  
KUPD-FM  
PO Box 511553  
Los Angeles, CA 90051-8108

Hulu, LLC  
15059 Collections Center Drive  
Chicago, IL 60693

ICA Radio LTD  
KCRS-FM  
1330 E. 8th Street Suite 207  
Odessa, TX 79761

ICA Radio, LTD  
KMRK-FM  
PO Box 610062  
Dallas, TX 75261-0062

iHeart Media  
KSAB-FM  
P.O, Box 847572  
Dallas, TX 75284-7572

iHeart Media  
WSRZ-FM  
PO Box 406372  
Atlanta, GA 30384-6372

iHeartMeadia, Inc.  
WACO-FM  
P.O. Box 847572  
Dallas, TX 75284-7572

iHeartMedia  
KBRQ-FM  
P.O. Box 847572  
Dallas, TX 75284-7572

iHeartMedia  
KNFX-FM  
P.O. Box 847572  
Dallas, TX 75284-7572

iHeartMedia  
KWTX-FM  
P.O. Box 847572  
Dallas, TX 75284-7572

iHeartMedia  
WFMF-FM  
PO Box 847572  
Dallas, TX 75284-7572

iHeartMedia  
WHBT-FM  
PO Box 419499  
Boston, MA 02241-9499



IHeartMedia  
WIBB-FM  
7080 Industrial Hwy  
Macon, GA 31216

IHeartMedia  
WRBV-FM  
7080 Industrial Hwy  
Macon, GA 31216

iHeartMedia  
WRUM-FM  
PO Box 406372  
Atlanta, GA 30384-6372

iHeartMedia + Entertainment Inc  
KBQI-FM  
20880 Stone Oak Parkway  
San Antonio, TX 78258

IHeartMedia + Entertainment Inc  
KXTC-FM  
20880 Stone Oak Parkway  
San Antonio, TX 78258

iHeartMedia + Entertainment Inc  
KZRR-FM  
20880 Stone Oak Parkway  
San Antonio, TX 78258

IHeartMedia + Entertainment Inc  
WMIB-FM  
POB 402535  
Atlanta, GA 30384-6404

iHeartMedia + Entertainment, Inc.  
WAGH-FM  
P.O. Box 406253  
Atlanta, GA 30384-6253

iHeartMedia, Inc.  
KAGG-FM  
P.O. Box 847572  
Dallas, TX 75284-7572

iHeartMedia, Inc.  
KBGO-FM  
PO Box 847450  
Dallas, TX 75284-7450

iHeartMedia, Inc.  
KKYS-FM  
PO Box 847572  
Dallas, TX 75284-7572

Imagen Group Inc.  
XLTN-FM  
2403 Hoover Avenue  
National City, CA 91950

IMG College, LLC  
PO Box 16533  
Palatine, IL 60055

Internal Revenue Service  
Special Procedures, Room 9A20  
1100 Commerce St., 5024-DAL  
Dallas, TX 75242

Internal Revenue Service  
Centralized Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19114-7346

IPFS Corporations  
PO Box 730223  
Dallas, TX 75373

Iron Mountain Info Management  
PO Box 915004  
Dallas, TX 75391

It's Plein Air Agency, LLC  
2540 El Cerrito Drive  
Dallas, TX 75228

JRT Delivery Systems  
Zip Delivery  
10610 Newkirk Suite 206  
Dallas, TX 75220

KABC  
KABC-TV  
PO Box 732384  
Dallas, TX 75373-2384

Kantar Media - Competitive Media Report  
PO Box 7247-9301  
Philadelphia, PA 19170

KASA-TV  
Ramar Communications  
P.O. Box 3757  
Lubbock, TX 79452

KATC Communications Inc  
KATC-TV  
1103 Eraste Landry Rd.  
Lafayette, LA 70506

KATC Communications LLC  
NATC-TV  
1103 Eraste Landry Road  
Lafayette, LA 70506

KBFB-FM  
Radio One of TX LP  
PO Box 603441  
Charlotte, NC 28260-3441

KBNA-FM\*  
P.O. Box 460627  
Univision Receivables Co  
Houston, TX 77056

KBPC Broadcasting LLC  
KBPC-FM  
1000 N Church St  
Palestine, TX 75801

KBXX-FM  
Radio One of Texas II LLC  
P.O. Box 847339  
Dallas, TX 75284

KCWE-TV\*  
P.O. Box 26867  
Lehigh Valley, PA 18002-6867

KDCG-TV  
Delta Media  
PO Box 159  
Carencro, LA 70520

Keleher Outdoor Advertising, Inc.  
523 S Virginia Ave  
Bartlesville, OK 74003

KENS-TV Inc  
Dept 730042  
P.O. Box 660919  
Dallas, TX 75266-0919

Kerrville Daily Times  
429 Jefferson  
Kerrville, TX 78028

KESN Operating Ltd.  
KESN-FM  
400 E. Las Colinas Blvd Ste 1033  
Irving, TX 75039

KETK-TV  
Nexstar Broadcasting, Inc.  
PO Box 840185  
Dallas, TX 75284-0185

KFMB TV- LLC  
KFMB-TV  
7677 Engineer Rd  
San Diego, CA 92111

KFSN-TV, LLC  
KFSN-TV  
PO Box 732384  
Dallas, TX 75373-2384

KFTA-TV  
4624 Kelley Hwy  
Fort Smith, AR 72904

KFXK-TV  
Nexstar Broadcasting, Inc.  
PO Box 840185  
Dallas, TX 75284-8401

KGO Television, Inc.  
KGO-TV 202  
PO Box 732384  
Dallas, TX 75373-2384

KGRB-FM  
Lazer Broadcasting Corporation  
PO BOX 6940  
Oxnard, CA 93031

KGUN-TV  
312 Walnut Street, Ste 2800  
Cincinnati, OH 45202

KHOU-TV\*  
Dept 730044  
P.O. Box 660919  
Dallas, TX 75266-0919

KHQ, Incorporated  
KHQ-TV  
PO Box 600  
Spokane, WA 99210

KHQ, Incorporated  
KNDO-TV  
PO Box 600  
Spokane, WA 99210

KIAH Inc.  
KIAH-TV  
P.O. Box 843744  
Dallas, TX 75284-3744

KIII Operating Company LLC  
KIII-TV  
Dept. 730054  
P.O. Box 660919  
Dallas, TX 75266-0919

KING Broadcasting Company  
KING-TV - Dept. 710017  
PO Box 514670  
Los Angeles, CA 90051-4670

King Broadcasting Company  
KTVB-TV - Dept 710015  
PO Box 514670  
Los Angeles, CA 90051-4670

KIRO-TV, Inc.  
KIRO-TV  
P.O. Box 809148  
Chicago, IL 60680-9148

KJMG-FM / Mapleton of Monroe, LLC  
Lagniappe Broadcasting of Monroe  
1200 N 18th Street, Ste. D  
Monroe, LA 71201

KLAX-FM  
Spanish Broadcasting System, Inc.  
7007 NW 77th Avenue  
Miami, FL 33166

KLNV-FM /Univision Radio San Diego, Inc.  
Univision Receivables CO LLC  
P.O. Box 452538  
Los Angeles, CA 90045

KLQV-FM /Univision Radio San Diego, Inc.  
Univision Receivables CO LLC  
P.O. Box 452538  
Los Angeles, CA 90045

KLWB TV  
Delta Media Corporation  
3501 NW Evangeline Thruway  
Carencro, LA 70520

KMBC-TV\*  
P.O. Box 90018  
Prescott, AZ 86304-9018

KMJE-FM  
1442 Ethan Way, Ste 101  
Sacramento, CA 95825

KMNV-FM  
3003 27th Avenue South #400  
Minneapolis, MN 55406

KMSP-TV  
Fox/UTV Holdings, LLC  
11358 Viking Drive  
Eden Prairie, MN 55344-7258

KMVX-FM  
Holladay Broadcasting  
1109 Hudson Lane  
Monroe, LA 71201

Knight Broadcasting of Baton Rouge Inc.  
WVLA-TV  
10000 Perkins Rd.  
Baton Rouge, LA 70810

KNNW-FM / Mapleton of Monroe, LLC  
Lagniappe Broadcasting of Monroe  
1200 N 18th Street, Ste. D  
Monroe, LA 71201

Knoxville TV LLC  
KAKE-TV  
3914 Winstar Rd  
Richmond, VA 23228

KNZA, Inc.  
KLZA-FM  
PO Box 104  
Hiawatha, KS 66434

KOCO-TV  
P.O. Box 90021  
Prescott, AZ 86304-9021

KOKI-TV  
Cox Media Group, Inc.  
P.O. Box 809171  
Chicago, IL 60680-9171

KOLL-FM  
La Zeta 957 Inc  
9500 Interstate 30  
Little Rock, AR 72209

KPAX Communications, LLC.  
KPAX-TV  
P.O. Box 4827  
Missoula, MT 59806

KPSP-TV  
% KESQ TV  
PO Box 873808  
Kansas City, MO 64187-3808

KPTV-TV  
PO Box 100143  
Pasadena, CA 91189-0143

KRBE-FM  
Cumulus - Houston  
3665 Momentum Place  
Chicago, IL 60689-5336

KRCD-FM  
P.O. Box 452148  
Los Angeles, CA 90045-9716



KRCX-FM  
1436 Auburn Blvd  
Sacramento, CA 95815

KRQE-TV  
Nexstar Broadcasting, Inc  
P.O. Box 844304  
Dallas, TX 75284-4304

KSNB-TV  
4370 Peachtree Rd., NE, Ste. 400  
Atlanta, GA 30319

KSWO Television Inc.  
KSWO-TV  
P.O. Box 11407  
Dept# 2677  
Birmingham, AL 35246-2677

KTBS LLC  
KPXJ-TV  
P.O. Box 44227  
Shreveport, LA 71134-4227

KTBS LLC  
KTBS-TV  
P.O. Box 44227  
Shreveport, LA 71104

KTDO- TV  
10033 Carnegie Ave  
El Paso, TX 79925

KTNN-AM  
P.O. Box 2569  
Window Rock, AZ 86515

KTRA-FM  
P.O. Box 847383  
Dallas, TX 75284-7383

KTRK-TV  
KTRK-TV  
P.O. Box 732384  
Dallas, TX 75373-2384

KTSM-TV\*  
Nexstar Broadcasting, Inc.  
3801 D Constitution Dr  
El Paso, TX 79922

KTSR-FM  
Townsquare Media, LLC  
P.O. Box 730984  
Dallas, TX 75373-0984

KTTR - KZNN Inc.  
KDAA-FM  
PO Box 727  
Rolla, MO 65402

KTUV-AM  
KTUV-AM  
8211 Gayer Springs Rd. Ste # P6  
Little Rock, AR 72209

KTVQ Communications, LLC  
KTVQ-TV  
PO Box 2557  
Billings, MT 59103

KTVU Inc.  
KMYT-TV  
P.O. Box 809171  
Chicago, IL 60680-9171

KTXH-TV\*\*  
3733 Collection Center Dr  
Chicago, IL 60693

KVEO-TV  
c/o Nexstar Broadcasting Group, Inc  
PO Box 840185  
Dallas, TX 75284-8401

KVMX-AM  
1442 Ethan Way, Ste 101  
Sacramento, CA 95825

KVOA Communications  
KRIS-TV  
301 Artesian St  
Corpus Christi, TX 78401

KVOA Communications  
KZTV-TV  
P.O. Box 840  
Corpus Christi, TX 78403

KVOA Communications, LLC  
KVOA-TV  
PO Box 5188  
Tucson, AZ 85703

KVUE Televison Inc  
KVUE-TV - Dept 730043  
P.O. Box 660919  
Dallas, TX 75266-0919

KVVU Broadcasting Corporation  
KVVU-TV  
PO Box 100084  
Pasadena, CA 91189-0084

KWBT-FM  
Edwards Media LLC  
PO Box 20521  
Waco, TX 76710

KWGN-TV  
PO Box 59743  
Los Angeles, CA 90074

KWQC-TV  
Gray Television Group Inc.  
4370 Peachtree Rd, NE, Suite 400  
Atlanta, GA 30319

KXHT-FM  
6080 Mt. Moriah  
Memphis, TN 38115

KXRR-FM / Mapleton of Monroe, LLC  
Lagniappe Broadcasting of Monroe  
1200 N. 18TH Street, Ste. D  
Monroe, LA 71201

KXSE-FM  
1436 Auburn Blvd  
Sacramento, CA 95815

KXTV-TV  
400 Broadway  
Sacramento, CA 95818

KZEP-FM  
P.O. Box 847327  
Clear Channel Radio  
Dallas, TX 75284-7327

KZRZ-FM / Mapleton of Monroe, LLC  
Lagniappe Broadcasting of Monroe  
1200 N 18th Street, Ste. D  
Monroe, LA 71201

KZZA-FM  
Liberman Broadcasting of Dallas LLC  
2410 Gateway Drive  
Irving, TX 75063

Lamar Texas Limited Partnership  
Lamar Companies  
P.O. Box 96030  
Baton Rouge, LA 70896

Landmark Media Enterprises LLC  
WTVF-TV  
PO Box 204444  
Dallas, TX 75320-4444

Last Bastion Station Trust, LLC  
KOKY-FM  
700 Wellington Hills Rd  
Little Rock, AR 72211

Liberman Broadcasting Inc  
KZJL-TV  
3000 Bering  
Houston, TX 77057

Liberman Broadcasting of Dallas LLC  
KMPX-TV  
2410 Gateway Drive  
Irving, TX 75063

Liberman Broadcasting of Dallas LLC  
KNOR-FM  
2410 Gateway Drive  
Irving, TX 76063

Liberman Broadcasting-CA, LLC  
KBUE-FM  
1845 Empire Ave.  
Burbank, CA 91501

Lieberman Broadcasting, Inc.  
KQOK-FM  
3000 Bering Dr  
Houston, TX 77057

Lieberman Broadcasting, Inc.  
KTJM-FM  
3000 Bering Dr  
Houston, TX 77057

Lin Television Corporation  
KNVA-TV  
P.O. Box 844304  
Dallas, TX 75284-4304

Lin Television Corporation  
KXAN-TV  
P.O. Box 844304  
Dallas, TX 75284-4304

Lin Television Corporation: WIAT-TV  
P.O. Box 403911  
Atlanta, GA 30384-3911

Linebarger Goggan Blair Sampson LLP  
2777 N. Stemmons Fwy, Suite 1000  
Dallas, TX 75207

Linkedin Corporation  
62228 Collections Center Drive  
Chicago, IL 60693-0622

Linkedin Corporation  
62228 Collection Center Drive  
Chicago, IL 60693

London Broadcasting Company Inc  
KBMT-TV  
PO Box 660919  
Dallas, TX 75266-0919

London Broadcasting Company Inc  
KJAC-TV  
PO Box 660919  
Dept 730055  
Dallas, TX 75266-0919

Louisiana Media Company LLC  
WVUE-TV  
Dept. 2310  
P.O. Box 11407  
Birmingham, AL 35246-2310

Louisiana Television Broadcasting LLC  
WBRZ-TV  
P.O. Box 2906  
Baton Rouge, LA 70821

LSB Broadcasting, Inc.  
KYTX-TV - Dept 730057  
PO Box 660919  
Dallas, TX 75266-0919

Majestic Communications, LLC  
KBCQ-FM  
P.O. Box 670  
Roswell, NM 88202

Malkan Interactive Communications  
KZFM-FM  
P.O. Box 9757  
Corpus Christi, TX 78469

Maranatha Broadcasting Co Inc  
WFMZ-TV  
300 East Rock Road  
Allentown, PA 18103

Marketing Informatics, LLC  
5629 Professional Circle  
Indianapolis, IN 46241

McKinnon Broadcasting Company, Inc.  
KUSI-TV  
PO Box 719051  
San Diego, CA 92171

Media General  
KLFY-TV  
P.O. Box 743299  
Atlanta, GA 30384

Media General Operations Inc  
WJTV-TV  
33096 Collection Center Drive  
Chicago, IL 60693

Media General Operations Inc.  
WSAV-TV  
P.O. Box 743299  
Atlanta, GA 30384

Meltwater News US, Inc.  
Dept LA 23721  
Pasadena, CA 91185

Meredith Corporation  
KCTV-TV\*\*  
21241 Network Place  
Chicago, IL 60673-1212

Meredith Corporation  
KPHO-TV  
Box 100067  
Pasadena, CA 91189-0067

Meredith Corporation  
WALA  
29763 Network Place  
Chicago, IL 60673-1297

Meredith Corporation  
WHNS-TV  
29903 Network Place  
Chicago, IL 60673-1299

Meredith Corporation  
WSMV-TV  
29824 Network Place  
Chicago, IL 60673-1298

Meridian Media, LLC  
WMDN-TV  
1151 Crestview Circle  
Meridian, MS 39301-8669

Microsoft Subscription  
One Microsoft Way  
Redmond, WA 98052

Microsoft/Bing  
555 110th Ave NE  
Bellevue, WA 98004

Mid Missouri Media, Inc.  
KLPW-FM  
1051 Kingshighway, Suite #6  
Rolla, MO 65401



Midessa Broadcasting LP  
KTXC-FM  
Dept# 2658  
P.O. Box 11407  
Birmingham, AL 35246-2658

Midessa Television LP  
KWES-TV  
P.O. Box 11407 - Dept #2647  
Birmingham, AL 35246-2647

Mission Broadcasting Inc  
KRBC-TV  
PO Box 840185  
Dallas, TX 75284-0185

Mission Broadcasting, Inc.  
KOLR-TV  
PO Box 744201  
Atlanta, GA 30374-4201

Mobile Video Tapes Inc  
KRGV-TV  
P.O. Box 5  
Weslaco, TX 78599-0005

Momentum Telecom, Inc.  
29361 Network Place  
Chicago, IL 60673

Morris Network Inc  
WMGT-TV  
P.O. Box 4328  
Macon, GA 31208-4328

Moshe Mike Isreal Hasson  
About Faces Entertainment  
5092 Dorsey Hall Dr.  
Ste 202  
Ellicorr City, MD 21042

Mountain Broadcasting LLC  
KCYU-TV  
4600 S Regal Street  
Spokane, WA 99223

MSpark  
Mspark Dallas Lockbox  
P.O. Box 848469  
Dallas, TX 75284-8469

Multimedia Holdings Corp  
KPNX-TV  
P.O. Box 637375  
Cincinnati, OH 45263-7375

Multimedia Holdings Corp  
KTVD-TV  
P.O. Box 637367  
Dab Gannett Co Brdcst Inc  
Cincinnati, OH 45263-7367

Multimedia Holdings Corp  
KUSA-TV  
P.O. Box 637367  
Cincinnati, OH 45263-7367

Multimedia Holdings Corporation  
KARE-TV  
PO Box 637386  
Cincinnati, OH 45263-7386

National Media Delivery  
6345 Garth Road  
110-104  
Baytown, TX 77521

Navajo Times Publishing Co Inc  
P.O. Box 310  
Attn:Jonathan Harrison  
Window Rock, AZ 86515

NBC Universal, LLC  
KNBC-TV  
PO Box 402971 - CFS Lockbox  
Atlanta, GA 30384-2971

NBC Universal, LLC  
KNTV-TV  
PO BOX 402971 - CFS Lockbox  
Atlanta, GA 30384-2971

NBC Universal, LLC  
KTMD-TV  
PO BOX 419306  
Boston, MA 02241-9306

NBC Universal, LLC  
KVDA-TV  
PO BOX 419306  
Boston, MA 02241-9306

NBC Universal, LLC  
KXAS-TV  
CFS Lockbox - PO BOX 402971  
Atlanta, GA 30384-2971

NBC Universal, LLC  
KXTX  
PO BOX 419306  
Boston, MA 02241-9306

NBC Universal, LLC  
WMAQ-TV  
PO Box 402971 - CFS Lockbox  
Atlanta, GA 30384-2971

NBC Universal, LLC  
WRC-TV  
PO Box 402971 - CFS Lockbox  
Atlanta, GA 30384-2971

NBCUniversal, LLC  
KTLM-TV  
PO BOX 419306  
Boston, MA 02241-9306

Nebraska Rural Radio Association  
KTMX-FM  
1309 Road 11  
York, NE 68467

Nestar Broadcasting Inc  
KTAB-TV  
PO Box 840185  
Dallas, TX 75284-0185

New Orleans Hearst TV Inc  
WDSU-TV  
P.O. Box 90027  
Prescott, AZ 86304-9027

New South Radio, Inc.  
WJKK-FM  
265 Highpoint Drive  
Ridgeland, MS 39157

New South Radio, Inc.  
WUSJ-FM  
265 Highpoint Drive  
Ridgeland, MS 39157

New World Communications of Atlanta Inc.  
WAGA-TV  
PO Box 100610  
Atlanta, GA 30384-0610

New World Communications of Detroit, Inc  
WJBK-TV  
PO Box 100624  
Atlanta, GA 30384-0624

Nexstar Broadcasting  
WISH-TV  
90359 Collections Center Drive  
Chicago, IL 60693

Nexstar Broadcasting Group  
KXMC-TV  
2650 E. Division  
Springfield, MO 65803

Nexstar Broadcasting Group, Inc.  
KGPE-TV  
PO Box 748604  
Los Angeles, CA 90074-8604

Nexstar Broadcasting Group, Inc.  
KSEE-TV  
PO Box 748604  
Los Angeles, CA 90074-8604

Nexstar Broadcasting Inc  
KFDX-TV  
PO Box 840185  
Dallas, TX 75284-0185

Nexstar Broadcasting Inc  
KLST-TV  
PO Box 840185  
Dallas, TX 75284-0185

Nexstar Broadcasting Inc  
KMID-TV  
7403 University Ave.  
Lubbock, TX 79423

Nexstar Broadcasting Inc  
KNWA-TV  
1401 W. Capitol Ave #104  
Little Rock, AR 72201

Nexstar Broadcasting Inc  
KSAN-TV  
PO Box 840185  
Dallas, TX 75284-0185

Nexstar Broadcasting Inc.  
KGET-TV  
PO Box 748604  
Los Angeles, CA 90074-8604

Nexstar Broadcasting Inc.  
KLAS-TV  
PO Box 748604  
Los Angeles, CA 90074-8604

Nexstar Broadcasting Inc.  
KSVI-TV  
PO Box 748604  
Los Angeles, CA 90074-8604

Nexstar Broadcasting Inc.  
WATN-TV  
PO Box 840148  
Dallas, TX 75284-8401

Nexstar Broadcasting Inc.  
WBOY-TV  
P.O. Box 419779  
Boston, MA 2241

Nexstar Broadcasting Inc.  
WBRE-TV  
PO Box 419779  
Boston, MA 2241

Nexstar Broadcasting Inc.  
WVNS-TV  
PO Box 419779  
Boston, MA 2241

Nexstar Broadcasting Inc.  
WYOU-TV  
PO Box 419779  
Boston, MA 2241

Nexstar Broadcasting, Inc.  
KAMR-TV  
PO Box 840185  
Dallas, TX 75284

Nexstar Broadcasting, Inc.  
KARK-TV  
PO Box 840148  
Dallas, TX 75284-8401

Nexstar Broadcasting, Inc.  
KCLO-TV  
P.O. Box 743299  
Atlanta, GA 30384

Nexstar Broadcasting, Inc.  
KLRT-TV  
PO Box 840148  
Dallas, TX 75284-8401

Nexstar Broadcasting, Inc.  
KOIN-TV  
PO Box 844304  
Dallas, TX 75284

Nexstar Broadcasting, Inc.  
KSNW-TV  
P.O. Box 844304  
Dallas, TX 75284

Nexstar Broadcasting, Inc.  
KTAL-TV  
PO Box 840148  
Dallas, TX 75284-0148

Nexstar Broadcasting, Inc.  
KTVX-TV  
PO Box 748604  
Los Angeles, CA 90074-8604

Nexstar Broadcasting, Inc.  
KXRM-TV  
33096 Collection Center Drive  
Chicago, IL 60693

Nexstar Broadcasting, Inc.  
WATE-TV  
545 E. John Carpenter Freeway, Suite 700  
Irving, TX 75062

Nexstar Broadcasting, Inc.  
WBTW-TV  
PO Box 743299  
Atlanta, GA 30384

Nexstar Broadcasting, Inc.  
WCMH-TV  
545 East John Carpenter Freeway, Ste 700  
Irving, TX 75062

Nexstar Broadcasting, Inc.  
WDHN-TV  
PO Box 744201  
Atlanta, GA 30374-4201

Nexstar Broadcasting, Inc.  
WGMB-TV FOX 45  
PO Box 840148  
Dallas, TX 75284-8401

Nexstar Broadcasting, Inc.  
WHTM-TV  
PO Box 743299  
Atlanta, GA 30384

Nexstar Broadcasting, Inc.  
WKRN-TV  
PO Box 743299  
Atlanta, GA 30384

Nexstar Broadcasting, Inc.  
WMBB-TV  
PO Box 744201  
Atlanta, GA 30374-4201

Nexstar Broadcasting, Inc.  
WNCN-TV  
33096 Collections Center Drive  
Chicago, IL 60693

Nexstar Broadcasting, Inc.  
WOOD-TV  
90359 Collection Center Dr  
Chicago, IL 60693

Nexstar Broadcasting, Inc.  
WSPA-TV  
33096 Collection Center Drive  
Chicago, IL 60693

Nexstar Broadcasting, Inc.  
WTVO-TV  
PO Box 74008722  
Chicago, IL 60674-8722

Nexstar Broadcasting, Inc.  
WYCW-TV  
545 E. John Carpenter Freeway, Suite 700  
Irving, TX 75062

Nielsen Audio, Inc.  
PO Box 3228  
Carol Stream, IL 60132



Noalmark Broadcasting Corp.  
KIXN-FM  
619 N. Turner  
Hobbs, NM 88240

Noalmark Broadcasting Corp.  
KZOR-FM  
P.O. Box 5629  
Hobbs, NM 88241

NPG Broadcast / Gulf Cal. Broadcast Co.  
KESQ-TV  
PO Box 873808  
Kansas City, MO 64187-3808

NPG of Monterey-Salinas CA, LLC  
KION-TV  
PO Box 873808  
Kansas City, MO 64187-3808

NPG Of Texas L.P. KVIA-TV  
KVIA-TV  
PO Box 873808  
Kansas City, MO 64187-3808

NRG Radio LLC  
KBBK-FM  
4343 "O" Street  
Lincoln, NE 68510

NRQE-TV  
Nexstar Broadcasting, Inc.  
PO Box 844304  
Dallas, TX 75284-4304

NW Communications of Texas Inc  
KDFI-TV\*  
P.O. Box 844824  
Dallas, TX 75284-4824

NW Communcations Of Texas Inc  
KDFW-TV  
P.O. Box 844824  
Dallas, TX 75284-4824

NW Communications of Austin Inc  
KTBC-TV  
P.O. Box 844832  
Dallas, TX 75284-4832

NW Communications of Phoenix, Inc. dba  
511 West Adams street  
Phoenix, AZ 85003

Ohio/Oklahoma Hearst Television, Inc.  
WLWT-TV  
PO Box 90033  
Prescott, AZ 86304-9033

Outfront Media Inc.  
Outfront Media LLC  
P.O. Box 33074  
Newark, NJ 07188-0074

Pac-12 Enterprises, LLC  
Pac-Conference  
360 3rd Street, 3rd Floor  
San Francisco, CA 9417

Pacific & Southern Co Inc  
WMAZ-TV  
Gannett Co. Inc.  
P.O. Box 637386  
Cincinnati, OH 45263-7386

Pacific and Southern, LLC  
WTSP-TV  
PO Box 637386  
Cincinnati, OH 45263-7386

Pandora Media Inc  
25601 Network Place  
Chicago, IL 60673-1256

Parks Coffee  
PO Box 110209  
Carrollton, TX 75011

Pelco Prints  
Digital Media Services  
c/o Accord Financial, Inc PO Box 6704  
Greenville, SC 29606

Pelco Prints - Digital Media Services  
c/o Accord Financial, Inc.  
PO Box 6704  
Greenville, SC 29606

Permian Basin Radio, LLC  
KQLM-FM  
1537 S Crane Ave  
Odessa, TX 79763

Phoenix Newspapers Inc  
Arizona Republic  
P.O. Box 677595  
Dallas, TX 75267-7595

Pikes Peak Television Inc  
KRDO-TV  
P.O. Box 873808  
Kansas City, MO 64187

Pitney Bowes, Inc.  
PO Box 371874  
Pittsburgh, PA 15250

Plant Interscapes  
6436 Babcock Road  
San Antonio, TX 78249

Post Asylum  
5642 Dyer St  
Dallas, TX 75206

Post Newsweek Stations-San Antonio Inc  
KSAT-TV  
P.O. Box 951519  
Dallas, TX 75395-1519

Post-Newsweek Stations Houston GP Inc.  
KPRC-TV  
P.O. Box 934721  
Atlanta, GA 31193-4721

Preferred Business Solutions  
1701 W. Walnut Hill  
Irving, TX 75038

Preferred Office Products, Inc  
Preferred Business Solutions  
1701 W. Walnut Hill  
Irving, TX 75038

Premier Printing of Dallas  
8607 Ambassador Ste.#190  
Dallas, TX 75247

Q-Broadcasting Corporation  
WAMA-AM  
1355 East Altamonte Drive  
Altamonte Springs, FL 32701

Rackspace  
1 Financial Place  
City of Windcrest  
San Antonio, TX 78218

Radio One Inc.  
WFUN-FM  
P.O. Box 603441  
Charlotte, NC 28260-3441

Radio One Inc.  
WHHL-FM  
P.O. Box 603441  
Charlotte, NC 28260-3441

Radio One of Texas II, LLC  
KZMJ-FM  
13760 Noel Road, Suite 1100  
Dallas, TX 75240

Radio One, Inc.  
WFXC-FM  
PO Box 603441  
Charlotte, NC 28260-3441

Radio One, Inc.  
WQOK-FM  
PO Box 603441  
Charlotte, NC 28260-3441

Radio Ranch LLC  
KRNH-FM  
3505 Fredricksburg Rd  
Kerrville, TX 78028

Rapid Broadcasting Co  
KNBN-TV  
P.O. Box 9549  
Rapid City, SD 57709-9549

Raycom Media  
KOLD-TV  
7831 N Business Park Dr  
Tucson, AZ 85743

Raycom Media Inc  
KNIN-TV  
1866 E Chisholm  
Nampa, ID 83687

Raycom Media Inc  
KSLA TV  
1812 Fairfield Ave  
Shreveport, LA 71101

Raycom Media Inc  
WDAM-ABC  
2362 Highway 11  
Moselle, MS 39459

Raycom Media Inc  
WTOG-TV  
PO Box 11407 / Drawer 0244  
Birmingham, AL 35246-0244

Raycom Media Inc.  
WMBF-TV  
PO Box 11407 / Drawer #1522  
Birmingham, AL 35246-1522

Raycom Media Inc.  
WWBT-TV  
PO Box 11407 / Drawer 1498  
Birmingham, IL 35246-1498

Raycom Media Inc.  
WXIX-TV  
635 W 7th Street  
Cincinnati, OH 45203

Raycom Media, Inc.  
WLOX-TV  
Lockbox #1380 / PO Box 11407  
Birmingham, AL 35246-1380

Raycom Media, Inc.  
WTNZ-TV  
9000 Executive Park Dr, Bldg D Suite 300  
Knoxville, TN 37923

Raycom TV Broadcasting Inc  
KLTW-TV  
Amsouth Bank-Lockbox #1355  
P.O. Box 11407  
Birmingham, AL 35246-1355

Raycom TV Broadcasting Inc  
KPLC-TV  
Lbox#1390  
P.O. Box 11407  
Birmingham, AL 35246-1390

Raycom TV Broadcasting Inc  
WAFB-TV  
Drawer 0340  
P.O. Box 11407  
Birmingham, AL 35246-0340

Raycom TV Broadcasting Inc  
WBRC-TV  
Dept. #1577  
P.O. Box 11407  
Birmingham, AL 35246-1577

Raycom TV Broadcasting Inc  
WLBT-TV  
Lockbx #1375 / PO Box 11407  
Birmingham, AL 35246-1375

Raycom TV Broadcasting Inc  
WMC-TV  
P.O. Box 11407  
Drawer 0422  
Birmingham, AL 35246-0422

Raycom TV Broadcasting Inc  
WSFA-TV  
Amsouth Bank-Lckbx #1400  
P.O. Box 11407  
Birmingham, AL 35246-1400

RCG Media, LLC  
WBFA-FM  
PO Box 5294  
Columbus, GA 31906

Rentrak  
NW 6135  
PO Box 1450  
Minneapolis, MN 55485

Rentrak Corporation  
NW 6135  
PO Box 1450  
Minneapolis, MN 55485-6135

RNOT, LLC.  
Retail Me Not inc.  
301 Congress Suite 700  
Austin, TX 78701

Roberts Radio Broadcasting, LLC  
WRBJ-FM  
1408 N. Kingshighway Suite 300  
St. Louis, MO 63113

Rocket Fuel Inc.  
PO Box 734106  
Dallas, TX 75373-4106

Sacramento Television Stations, Inc.  
KOVN-TV  
2713 KOVR Drive  
West Sacramento, CA 95605

Sander Operating Co. II LLC  
KTVK-TV  
P.O. Box 101524  
Pasadena, CA 91189-1524

Sander Operating Co. III LLC  
KGW-TV  
PO Box 101449  
Pasadena, CA 91189-1449

Sangre De Cristo Communications Inc  
KOAA-TV  
2200 7th Ave  
Pueblo, CO 81003

Sarkes Tarzian Inc.  
KTVN-TV  
4925 Energy Way  
Reno, NV 89502

Scott Communications Inc  
WJAM-FM  
P.O. Box 1150  
Selma, AL 36702-1150

Screenvision  
245 Kenneth Drive, Ste. 400  
Rochester, NY 14623

Scripps Broadcasting Holdings, LLC  
KTNV-TV Las Vegas  
PO BOX 203584  
Dallas, TX 75320-3584

Scripps Media  
WTMJ-TV  
PO Box 203575  
Dallas, TX 75320-3575



Scripps Media Inc  
KJRH-TV  
1088 Momentum Place  
Chicago, IL 60689-5310

Scripps Media Inc  
KSHB-TV  
P.O. Box 204224  
Dallas, TX 75320-4224

Scripps Media Inc.  
KMGH-TV  
P.O. Box 912582  
Denver, CO 80291-2582

Scripps Media, Inc.  
KERO-TV  
PO Box 844518  
Los Angeles, CA 90084-4518

Scripps Media, Inc.  
KGTU-TV  
PO Box 30580  
Los Angeles, CA 90030-0580

Scripps Media, Inc.  
KIVI-TV - Boise  
PO BOX 203587  
Dallas, TX 75320-3587

Scripps Media, Inc.  
KMTV-TV  
PO Box 5380  
Cincinnati, OH 45201

Scripps Media, Inc.  
KNXV-TV  
P.O. Box 204268  
Dallas, TX 75320-4268

Scripps Media, Inc.  
WCPO-TV  
PO Box 204230  
Dallas, TX 75320-4230

Scripps Media, Inc.  
WFTS-TV  
PO Box 864913  
Orlando, FL 32886-4913

Scripps Media, Inc.  
WMAR-TV  
PO Box 5380  
Cincinnati, OH 45201

Scripps Media, Inc.  
WOWT-TV  
P.O. Box 5380  
Cincinnati, OH 45201

Scripps Media, Inc.  
WRTV-TV  
PO Box 204252  
Dallas, TX 75320-4252

Scripps Media, Inc.  
WXYZ-TV  
PO Box 204263  
Dallas, TX 75320-4263

Sedza Broadcasting  
WAOS-FM La Mejor  
5815 Westside Rd  
Austell, GA 30106

Sewelltech, Inc.  
2707 N Stemmons Frwy  
Ste 175  
Dallas, TX 75207

Sewelltech, Inc.  
2707 N. Stemmons Fwy., Suite 175  
Dallas, TX 75207

SignAd, LTD.  
PO Box 8626  
Houston, TX 77249

Simmons Research, LLC  
PO Box 392180  
Pittsburgh, PA 15251

Sinclair Broadcast Gr.  
KUTV-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Gr.  
WBMA-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
EGXA-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KABB-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KATV-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KBTW-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KDDB-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KFDM-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KFOX-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KGBT-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KIMA-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KOCB-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KOKH-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KSNV-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KTUL-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
KTXS-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
WABM-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
c/o WEAR-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
WGXA-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
WJTC  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
WOAI-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
c/o WPMI-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group  
WZTV-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group, Inc.  
KATU-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group, Inc.  
KRNV-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group, Inc.  
KRXI-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group, Inc.  
WKRC-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group, Inc.  
WPDE-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Broadcast Group, Inc.  
WSTR-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Media  
KECI-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Television Group, Inc.  
WDKY-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Television Group, Inc.  
WHP-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Television Group, Inc.  
WLOS-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Television Group, Inc.  
WMYA-TV  
10706 Beaver Dam Rd.  
Hunt Valley, MD 21030

Sinclair Television Group, Inc.  
WRLH-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Television Group, Inc.  
WSYX-TV  
10706 Beaver Dam Rd  
Hunt Valley, MD 21030

Sinclair Television Group, Inc.  
WTTE-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Television Media, Inc.  
KBOI-TV  
PO Box 206270  
Dallas, TX 75320

Sinclair Television Media, Inc.  
KOMO-TV  
PO Box 206270  
Dallas, TX 75320-6270

Sinclair Television of Omaha, LLC  
KHGI-TV  
P.O. Box 206270  
Dallas, TX 75320-6270

Sizmek Technologies Inc.  
PO Box 28246  
New York, NY 10087-8246

SJL of Pennsylvania, Inc.  
WICU-TV  
3514 State Street  
Erie, PA 16508

Slickdeals, LLC  
6010 S. Durango Dr. Suite #200  
Las Vegas, NV 89113

Southern Radio, Inc.  
XHEM-FM  
2100 Trawood  
El Paso, TX 79935

Southwest Outdoor Advertising Inc  
5206 McKinney Ave #204  
Dallas, TX 75205

Spanish Broadcasting System  
KXOL-FM  
7007 N.W. 77th Ave  
Miami, FL 33166-2836

Spectrum Reach  
Charter Communications Holdings, LLC  
26683 Network Place  
Chicago, IL 60673-1266

Spectrum Reach  
Charter Communications Holdings, LLC  
PO Box 26684  
Tampa, FL 33623-6684

Spectrum Reach - El Paso  
Charter Communications Holdings, LLC  
26683 Network Place  
Chicago, IL 60673

Spectrum Reach - Erie  
Charter Communications Holdings, LLC  
PO Box 27908  
New York, NY 10087

SQAD Media Tools  
303 S. Broadway, Suite 130  
Tarrytown, NY 10591

Starchannel Communications LLC  
XERV-TV  
4909 N. McColl Road  
McAllen, TX 78504

Station Venture Operations, LP  
KNSD-TV  
PO BOX 402971- CFS Lockbox  
Atlanta, GA 30384-2971



Stations Group, LLC  
KVDF-TV  
700 N Central Ave #300  
Glendale, CA 91203

Strata Marketing, Inc.  
23608 Network Place  
Chicago, IL 60673-1236

Strata Marketing, Inc.  
23608 Network Place  
Chicago, IL 60673

Studio 205, Inc.  
8 East Claiborne Street  
Monroeville, AL 36460

Swearingen Realty Services, L.L.C.  
5950 Berkshire Lane, Suite 500  
Att: Accounting Dept.  
Dallas, TX 75225

Tejas Broadcasting Ltd LLP  
KMJR-FM  
1227 W. Magnolia Ave. Suite 300  
Fort Worth, TX 76104-4400

Tejas Broadcasting, LTD.,LLP  
KZIP-FM  
1227 W. Magnolia Ave. Suite 300  
Fort Worth, TX 76014-4400

Telefutura Television Group  
KSTR-TV  
2323 Bryan St. Ste 1900  
Dallas, TX 75201

Telefutura Television Group Inc  
KNIC-TV  
P.O. Box 460847  
Houston, TX 77056

Telesouth Communications  
WTNM-FM  
PO Box 1077  
Oxford, MS 38655

TeleSouth Communications Inc.  
WFMM-FM  
6311 Ridgewood Road  
Jackson, MS 39211

TeleSouth Communications Inc.  
WOSM-FM  
P.O. Box 1919  
Ocean Springs, MS 39566

Television Wisconsin, Inc.  
WISC-TV  
7025 Raymond Road  
Madison, WI 53719

Telmar USA Corp  
711 Third Ave.  
New York, NY 10017

Texas Alcoholic Beverage Commission  
License and Permits Division  
PO Box 13127  
Austin, TX 78711-3127

Texas Comptroller of Public Accounts  
Revenue Accounting Div Bankruptcy  
PO Box 13528  
Austin, TX 78711-3528

Texas Workforce Commission  
TEC Building - Bankruptcy  
101 East 15th Street  
Austin, TX 78714-9080

The Carrizo Springs  
P.O. Box 1046  
Carrizo Springs, TX 78834

The Dart Group Inc.  
Dart Outdoor Advertising\*  
12730 Cranes Mill  
San Antonio, TX 78230

The Selma News  
P.O. Box 611  
Selma, AL 36702-0611

The Tennis Channel, Inc.  
KBAK-TV  
PO Box 206270  
Dallas, TX 75320-6270

Thomas Broadcasting Co  
WOAY-TV  
P.O. Box 3001  
Oak Hill, WV 25901

Ticket Spicket, LLC  
7447 Grape Holly Lane  
Roanoke, VA 24018

Time Warner Cable  
Time Warner Cable Mcallen  
Rio Grand Valley  
26683 Network Place  
Chicago, IL 60673-1266

Townsquare Media LLC  
KQBR-FM  
PO Box 301650  
Dallas, TX 75303-1650

Townsquare Media Odessa/Midland II, LLC  
KNFM-FM  
PO Box 731933-1933  
Dallas, TX 75373

Townsquare Media Odessa/Midland II, LLC  
KZBT-FM  
PO Box 731933-1933  
Dallas, TX 75373-1933

Townsquare Media W Central Radio Brd LLC  
KJMH-FM  
P.O. Box 730984  
Dallas, TX 75373-0984

Townsquare Media, LLC  
KFMX-FM  
P.O. Box 301650  
Dallas, TX 75303-1650

Townsquare Media, LLC  
KZII-FM  
P.O. Box 301650  
Dallas, TX 75303-1650

Tribune Broadcasting  
KDAF-TV  
P.O. Box 843987  
Dallas, TX 75284-3987

Tribune Broadcasting Company II, LLC  
KSTU-TV  
PO Box 59750  
Los Angeles, CA 90074-9750

Tribune Broadcasting Company, LLC  
WTVR-TV  
PO Box 417876  
Boston, MA 02241-7876

Tribune Broadcasting II, LLC  
WNEP-TV  
435 N. Michigan Ave  
Chicago, IL 60611

Tribune Broadcasting II, LLC  
WREG-TV  
32851 Collection Center Dr.  
Chicago, IL 60693-0328

Tribune Broadcasting Oklahoma City, LLC  
KFOR-TV  
PO Box 847369  
Dallas, TX 75284-7369

Tribune Company  
KCPQ-TV  
PO Box 742111  
Los Angeles, CA 90074-2111

Tribune Media Company  
KSWB-TV  
P.O. Box 749011  
Los Angeles, CA 90074-9011

Tribune Media Company  
WPMT-TV  
435 N. Michigan Ave.  
Chicago, IL 60611

Tribune Media Company & Subsidiaries  
WITI-TV  
32848 Collection Center Drive  
Chicago, IL 60693-0328

Tribune Media Company & Subsidiaries  
WJW-TV  
32849 Collection Center Drive  
Chicago, IL 60693-0328

Tribune Media Company & Subsidiaries  
WQAD-TV  
32850 Collection Center Drive  
Chicago, IL 60693-3028

Tribune Media Company & Subsidiaries  
KTLA-TV  
PO Box 11155  
Los Angeles, CA 90074-1155

Tribune Media Company & Subsidiaries  
WXIN-TV  
16779 Collections Center Drive  
Chicago, IL 60693

Tribune Real Estate Holdings LLC  
KFSM-TV  
P.O. Box 847296  
Dallas, TX 75284-7296

Tribune Television New Orleans Inc  
WGNO-TV  
P.O. Box 741053  
Atlanta, GA 30374

Tribune Television New Orleans Inc  
WNOL-TV  
P.O. Box 741053  
Atlanta, GA 30384

TTBG Houston Op Co LLC  
KUBE-TV  
2401 Fountain View Drive  
Suite 300  
Houston, TX 77057

TTWN Media Networks LLC  
Total Traffic  
20880 Stone Oak Pkwy  
San Antonio, TX 78258

TubeMogul, Inc.  
1250 53rd Street  
Ste 1  
Emeryville, CA

U.S. Attorney  
1100 Commerce, 3rd Floor  
Dallas, TX 75242-1074

U.S. Attorney General  
Department of Justice  
Washington, DC 20001

U.S. Department of  
Housing and Urban Development  
801 Cherry Street, Unit #45  
Suite 2500  
Ft. Worth, TX 76102

Union Springs Herald LLC  
324 Ellis Street  
Union Springs, AL 36089

Uniradio Corp.  
XHTY-FM  
5030 Camino De La Siesta, Ste #403  
San Diego, CA 92108

United Communications Corporation  
KEYC-TV  
PO Box 128  
Mankato, MN 56002

United States Attorney  
1100 Commerce St.  
Room 16G28  
Dallas, TX 75242-1049

Univision Communications Inc  
PO Box 740719  
Los Angeles, CA 90074-0719

Univision Radio Broadcasting Texas LP  
KGBT-FM  
200 S 10th St.#600  
McAllen, TX 78501

Univision Radio Broadcasting Texas LP  
KLJA-FM  
2233 W. North Loop Blvd.  
Austin, TX 78756

Univision Radio Broadcasting Texas LP  
KROM-FM  
P.O. Box 460748  
Houston, TX 77056

Univision Radio Broadcasting Texas, L.P.  
KLQB-FM  
PO Box 460588  
Houston, TX 77056

Univision Radio Broadcasting Texas, LP  
KLTN-FM  
PO Box 460688  
Houston, TX 77056

Univision Radio Broadcasting Texas, LP  
KOVE-FM  
PO Box 460688  
Houston, TX 77056

Univision Radio Broadcasting Texas, LP  
KXTN-FM  
P.O. Box 460748  
Houston, TX 77056

Univision Radio Florida, LLC  
WRTO - FM  
P.O. Box 228236  
Miami, FL 33222

Univision Radio LA, INC  
KLVE-FM  
P.O. Box 452148  
Los Angeles, CA 90048

Univision Radio LA, INC  
KSCA-FM  
P.O. Box 452148  
Los Angeles, CA 90045

Univision Radio TX LP  
KBTQ-FM\*  
P.O. Box 460708  
Houston, TX 77056

Univision Receivables Co.  
KFTH-TV  
P.O. Box 740719  
Los Angeles, CA 90074-0719

Univision Receivables Co.  
KXLN-TV  
P.O. Box 740719  
Los Angeles, CA 90074-0719

Univision Receivables Co. LLC  
WAMR-FM  
P.O. Box 740721  
Los Angeles, CA 90074-0721



Univision Receivables Company LLC  
KLNO-FM  
P.O. Box 460607  
Houston, TX 77056

Urban Radio Broadcasting LLC  
WACR-FM  
608 Yellow Jacket Drive  
Starkville, MS 39759

Urban Radio of Mississippi LLC  
WJMI-FM  
731 S Pear Orchard Rd #27  
Ridgeland, MS 39157-4800

Urban Radio Of Mississippi LLC  
WKXI-FM  
731 S. Pear Orchard #27  
Ridgeland, MS 39157

USTN  
United States Traffic Network LLC  
P.O. Box 639181  
Cincinnati, OH 45263-9181

UVN Texas LP  
KUVN-TV  
2323 Bryan St.  
Ste. 1900  
Dallas, TX 75201

UVN Texas LP  
KWEX-TV  
P.O. Box 460847  
Houston, TX 77056

Vail Daily  
Colorado Mountain News Media  
PO Box 1888  
Carson City, NV 89701-1888

Valassis Direct Mail Inc  
File 70179  
Los Angeles, CA 90074-0179

ValuDirect, LLC  
6 Way Road  
Middlefield, CT 6455

Viamedia Inc.  
7796 Solution Center  
Chicago, IL 60677-7007

VideoIndiana, Inc.  
WTHR-TV  
Dept. L-2380  
Columbus, OH 43260-2380

Viva Media LLC  
KBEX-FM  
500 S. Polk Suite 110  
Amarillo, TX 79101

WBNS-TV  
770 Twin Rivers Drive  
Columbus, OH 43215

WCHK-AM  
1176 Satellite Blvd., Ste. 200  
Suwanee, GA 30024

WDAF-TV \*  
32846 Collection Center Drive  
Chicago, IL 60693-0328

WDJT-TV Limited Partnership  
WDJT-TV  
26 N. Halsted  
Chicago, IL 60661

WEWS-TV  
Scripps Media, Inc.  
PO Box 5380  
Cincinnati, OH 45201

WFAA TV Inc  
Dept 730045  
P.O. Box 660919  
Dallas, TX 75266-0919

WFTV, Inc.  
WFTV-TV  
PO Box 809615  
Chicago, IL 60680-9615

WGAL Hearst Television, Inc.  
WGAL-TV  
PO Box 90030  
Prescott, AZ 86304-9030

WGBC-TV, LLC  
EGBC-TV (Fox 30)  
1151 Crestview Circle  
Meridian, MS 39301-8669

WGBC-TV, LLC  
1151 Crestview Circle  
Meridian, MS 39301-8669

WGNL-FM  
P.O. Box 1801  
Greenwood, MS 38935

WGTU-TV  
10706 Beaver Dam Rd  
Cockeysville, MD 21030

Wick Communications  
Wick Communications  
Attn: Missy Bosley  
333 W. Wilcox Dr. #302  
Sierra Vista, AZ 85635

Wilkerson Publishing Co., Inc.  
114 E Goodwin  
Pleasanton, TX 78064

Williams-Grand Canyon News  
Navajo-Hopi Observer  
8307 E. Hwy 69 Ste #B  
Prescott Valley, AZ 86314

WJZD Inc  
WJZD-FM  
P.O. Box 6216  
Gulfport, MS 39506

WKRG - TV  
P.O. Box 403911  
Atlanta, GA 30384-3911

WKYC-TV, LLC  
WKYC-TV  
PO Box 637386  
Cincinnati, OH 45263-7386

WLEX Communications, LLC  
WLEX-TV  
PO Box 1457  
Lexington, KY 40588

WLKQ-FM  
1176 Satellite Blvd., Ste. 200  
Suwanee, GA 30024

WLS Television Inc.  
WLS-TV  
PO Box 732384 / Attn: WLS-505  
Dallas, TX 75373-2384

WMYM-AM  
Actualidad Media Group  
2090 NW 79 Ave  
Doral, FL 33122

Woods Communications Corp  
WCOV-TV  
P.O. Box 250045  
Montgomery, AL 36125-0045

WQUE FM  
WQUE FM  
P.O. Box 402544  
Atlanta, GA 30349-2544

WRAL-TV  
PO Box 60904  
Charlotte, NC 28260

WRAZ-TV  
WRAZ-TV - Accounting Department  
PO Box 60928  
Charlotte, NC 28260

WRBO-FM  
Cumulus - Memphis, TN  
3644 Momentum Place  
Chicago, IL 60689-5336

WREX Television LLC  
WREX-TV  
PO Box 1001  
Quincy, IL 62306

WREY-FM  
PO Box 25130  
St. Paul, MN 55125

WSKQ-FM  
Radio Soleil Inc.  
1622 Nostrand Avenue  
Brooklyn, NY 11226

WSMH, Inc.  
WWMT-TV  
10706 Beaver Dam Rd.  
Cockeysville, MD 21030

WTVD Television, LLC  
WTVD-TV  
PO Box 732384 / Attn: WTVD-707  
Dallas, TX 75373-2384

WTVQ-TV, LLC  
WTVQ-TV  
PO Box 55590  
Lexington, KY 40555

WURN-AM  
Actualidad Media Group  
2090 NW 79 Ave  
Doral, FL 33122

WUSA-TV, Inc.  
WUSA-TV  
PO Box 637386  
Cincinnati, OH 45263-7386

WVTM Hearst Television Inc  
WVTM-TV  
P.O. Box 90012  
Prescott, AZ 86304-9012

WVVA Television, Inc  
WVVA-TV  
PO Box 1001  
Quincy, IL 62306-1001

WWL-TV Inc  
Dept 730041  
P.O. Box 660919  
Dallas, TX 75266-0919

WWTW-TV  
WWTW-TV  
1 Broadcast Way  
Cadillac, MI 49601

WYFF-TV/Hearst Television Inc  
505 Rutherford Street  
Greenville, SC 29609

WYLD FM  
P.O. Box 402544  
Atlanta, GA 30349-2544

WZTU-FM  
iHeartMedia Entertainment  
PO Box 406372  
Atlanta, GA 30384-6372

xAd, Inc.  
dba GroundTruth  
Dept LA 23812  
Pasadena, CA 91185-3812

XEWT-TV  
TV de Los Mochis, S.A. de C.V.  
P.O. Box 434537  
San Diego, CA 92143-4537

XHRR-FM  
Dept. 204  
P.O. Box 4458  
Houston, TX 77210-4458

Yelp, Inc.  
P.O. Box 204393  
Dallas, Texas 75320-4393

YuMe, Inc.  
Dept CH 16422  
Palatine, IL 60055-6422